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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Medico-Legal Evidence in Cases of Insanity.* By D. Miller, M.D., Chicago.

The importance of medical evidence in cases of insanity, and the liability of physicians to be called upon, at any time, for an opinion, would seem to be sufficient inducements to study thoroughly, not only the subject of insanity, but also the opinions and decisions in courts of justice. Should other incentives be necessary, they exist in the instances, not of infrequent occurrence, of mortification, not to say disgrace, to which the medical witness is subjected in courts of law. This is not, however, always the result of ignorance or inconsistency on the part of the witness; for frequently he is embarrassed from the fact, that "there exists no settled, no uniform, no fixed, no unerring principles of jurisprudence, or *legal tests*, in regard to questions of criminal or civil insanity." And, again, he is frequently required to give an opinion upon facts presented through a third party, and these of a vague, uncertain, and many times contradictory character.

In that valuable work, the *American Journal of Insanity*, for April, is an abstract of a Lecture on Medico-Legal Evidence in Cases of Insanity, by F. Winslow, M.D., from which we take the following "*Legal Criteria*":—

"Analyzing with great care the *dicta* of the judges, it would appear that the courts of law have, upon different occasions, admitted the following conditions of mind as evidence of insane and legal irresponsibility:—

"1. An absolute dispossession, by disease, of the free and natural agency of the mind; partial insanity being no excuse for crime.

"2. The existence of a delusion, the criminal act being the immediate and direct result of the morbid idea; the proof of the presence of a delusion having no positive and clear connection with the alleged crime, not being legal insanity, and no evidence of the existence of irresponsibility.

"3. A consciousness of offending against the laws of God and man—in other words, a knowledge of good and evil.

"4. A knowledge of right and wrong—lawful or unlawful—the presence or absence of motive."

It would seem that the above "dicta" would be clear to the apprehension of the mind, and of easy application; but without looking farther, we gather from the abstract of the lecture before us, the following conflicting opinions and decisions:—

"If the delusion were only partial, the party accused was *equally liable* with a person of sane mind. If the accused killed another in self-defence, he would be entitled to an acquittal; but, if the crime was committed for any supposed injury, he would then be liable to the punishment awarded by law to his crimes."

This repudiates *partial insanity* as a plea in extenuation of crime, or as an exemption from punishment. According to the 64th Article of the French Penal Code, no person, whilst insane is considered responsible for a criminal act. The Advocate-General of France insisted that "total insanity can alone extricate the criminal from the penalties of the laws;" and referred to the opinions of Lord Hale in confirmation of the position. From which, however, the medical jurists of France dissented; and M. Georget expressed his astonishment at the "dicta" of Lord Hale. Again, "partial insanity" has been held as a valid plea, under the French code.

"Partial insanity is defined to be, 'A mind in an unsound state—not unsound upon one point only, and sound in all other respect, but that this unsoundness manifests itself principally with reference to some particular object or person.'" This definition, we think, very properly makes a distinction between "partial insanity" and "monomania," which, however, have been considered nearly equivalent terms by medical and legal authorities.

The Test of Delusion.—"The true test of insanity," says Sir John Nicoll, "I take to be, absence or presence of what, used in a certain sense, is compressible in a single term, viz., *Delusion;*" which he defines to be, "A belief of facts, which no rational reason would have believed." And Lord Denman, "To say a man was irresponsible, without positive proof of any act to show that he was laboring under some delusion, seemed to him to be a presumption of knowledge which none but the great Creator could himself possess." And Lord Brougham defines a delusion to be, "A belief of things as realities which exist only in the imagination of the patient." This definition is subject to the objection, that it involves exclusively the actions of the *healthy* imagination. A better definition, as we believe, would seem to be, "A delusion is a belief in the existence of a something extravagant, which has in reality no existence, except in the diseased imagination of the party, and the absurdity of which he cannot perceive, and out of which he cannot be reasoned." Legal authorities have considered *delusion* to be the legal test of insanity; and yet, in the case of Overston, Justice Mould altogether repudiated the test; and in the celebrated Bainbridge case, Lord Campbell maintained that "*mania may exist without delusion.*" "Need I advance one argument in corroboration of Lord Campbell's dictum, or in opposition to the dogmatic and bold assertion of Lord Denman?"—We all admit—it is the result of the collective experience of all competent to give an opinion upon the matter—that positive, dangerous, and irresponsible insanity, may exist, and often does exist, without any *manifested* delusive impression, or *appreciable* hallucination.

"*The Presence or Absence of a Motive.*—The next legal test that presents itself for my consideration is, the presence or absence of a *motive* for the commission of the crime. Dr. Prichard observes, 'The act of homicidal insanity is different in its nature and moral causes from that of murder. Men never commit crimes without some motive; the inducement which leads them to an atrocious act is of a kind which other men can appreciate and understand, though they do not sympathise with them. Jealousy, hatred, revenge, excite some; others are moved by the desire of plunder—of getting possession of money or property. The act of a madman is for the most part without motive."

This principle of Dr. Prichard seems not only unsafe but unphi-

losophical. On the trial of Francis for shooting the Queen, this plea was urged in favor of the prisoner; but, after reviewing the case, the Solicitor-General lays down the following principle:—"The insane are often impelled to the commission of acts of violence and murder by the same motives, feelings, and passions, that influence and regulate the conduct of sound, healthy, and rational minds."

"*The consciousness that the act was a criminal one, and one in opposition to the laws of God and man.*—It has been proposed, that the question of legal responsibility should be determined by the fact, whether the party, when he committed the offence, knew that he was acting in opposition to those generally-received and recognised moral obligations which are supposed to govern and influence sane rational, and christian minds. The question put to the jury, to use the language of one our most distinguished exchancellors, is "Was the prisoner conscious that he was committing a crime against the laws of God and nature?"

"Imagine a person arranged for the commission of a capital crime. The plea of insanity is urged in his defence. In expounding the law, the judge informs the jury, that the question of responsibility in connexion with insanity rests upon the fact whether the prisoner had at the time a consciousness of his having deviated from the law of God. Was he sensible of this, or was he not?—If so, he is to be considered amendable to justice, and must expiate his crime upon the gallows, I can conceive, that after such an exposition of the law, the prisoner making a declaration of his being by virtue of his atheistical principles *placed beyond the jurisdiction of such a test*, he could not morally, legally, or logically be considered to be conscious of violating what in reality he never believed to exist. I will admit that this may be considered to be an extreme hypothesis. I merely cite it with the view of establishing my position, that there is no legal test yet propounded applicable, or which could be indiscriminately applied, to all criminal cases of insanity."

The test of Right and Wrong psychologically analyzed.—Chief Justice Tyndall held that, we are to determine the presence of legal responsibility, by applying the test of a *knowledge* of right and wrong,—and Lord Mansfield, "If a man was deprived of all power of reasoning, so as not to be able to distinguish whether it was right or wrong, to commit the most wicked act, or the most innocent transaction, he could not certainly commit an act against the law!"

It has been a question with metaphysicians, whether, *abstract-*

ly considered, there are conditions or states to which terms "right" and "wrong" can, with strict philosophical precision be applied. Drs. Hutchinson, Brown, and others, hold the following:—That there is no right or wrong, merit or demerit, *existing independently of the agents, who are virtuous or vicious.*

"The *right* of *to-day*, in matters of theology, philosophy, and science, may be the *wrong* of *to-morrow;* and what is now "lawful" may, in the course of a short parliamentary session, be made illegal by the introduction of new statutes! Analyzing this much-eulogized legal test as metaphysicians, as medical philosophers, and as men of the world, are we not compelled to pronounce it to be worthless, and unsusceptible of any practical application?"

"*The test of Right and Wrong pathologically considered.*—Considering this legal test of criminality apart altogether from the metaphysical objections to which it is amenable, I maintain, that it never can be safely depended upon, in all cases of insanity. It is a notorious fact—a matter of every-day occurrence, and in accordance with the experience of all men of observation, that the insane—the positively and undeniably insane—like many rational persons, often

"Know the right, and yet the wrong pursue."

"When Martin set York Minster on fire, a conversation took place among the inmates of a neighboring lunatic asylum, having reference to this general topic of remark and discussion. The question argued was whether Martin would suffer the extreme penalty of the law for his crime. Various were the opinions expressed. In the midst of the conversation, one patient, apparently as mad as the rest, exclaimed, "He (Martin) will not be hanged." "For what reason?" interrupted many voices. "They cannot hang him," replied the lunatic, "*he is one of ourselves.*" Of what value is this legal test if applied to such cases? Before this can be recognized as a safe standard, it will be necessary for British jurists to lay down for their *own* guidance certain fixed and unalterable principles of jurisprudence. Is it not a notorious fact that on apparently clear and well-recognized points, lawyers of eminence have arrived at the most opposite conclusions? One court reverses the judgment of an inferior tribunal, and one distinguished jurist overrules the decision of his predecessor. As long as able judges differ among themselves upon what may be termed *first principles of law*, it will be unresonable to expect that physicians should prostrate themselves before the legal test which I have been analyzing."

We have extended these extracts much beyond intention, and

would close by recommending to the Medical Profession the *American Journal of Insanity*, published quarterly at Utica N. Y. at one dollar and fifty cents a year, in advance.

ART. II.—*Remedy for Tape Worm.* By J. M'Creary Sudduth, M. D.

Messrs. Editors:— I saw announced in the Sept. No. of the *North-Western Medical and Surgical Journal* that pumpkin seed and also that honey were remedies for tape-worm. An article also appeared in the Nov. No. of the *Western Journal of Medicine and Surgery* highly recommending paste made of pumpkin seed and honey, as a remedial agent in cases of Tænia. About the time that the last named article appeared, Dr. Smick and myself were consulted by a patient evidently possessing and much annoyed by one of those troublesome parasites. Wishing to give all new remedies emanating from a respectable source a fair trial, we advised him to use the above-named articles, and when next heard from he had tried the remedies, the result of which to us was so satisfactory, that I thought I would report the case to your Journal for publication.

Case B. H. male, aged 28—occupation farmer, volunteered in 1847 to go to Mexico. In good health when he left home (Ky.) Sickened while on the gulf, Nov. '47. Landed and went as far as the City of Mexico: though unfit for duty, and on the sick list during his entire stay in Mexico. Discharged and returned to Kentucky early in the summer of '48, quite weak and much emaciated. In August of '48 began to pass by stool small portions of what proved afterwards to be joints of tape worm. Shortly after his return to Kentucky, he applied to a number of Physicians for advice; receiving no benefit from any article recommended, except those used by one doctor whose prescription brought away eight feet of tape worm. Patient thinks the articles used by him were cal. and Dr. Jayne's vermifuge. Shortly after passing this piece of worm, finding himself not relieved, and knowing now what it was that troubled him, he went to Louisville and consulted a number of physicians of that place, offering one hundred dollars to any one who would rid him of his troublesome compan-

ion. He however received no benefit from any articles used by physicians of that place. Soon after leaving Louisville, he came to Illinois; still poor and in bad health. He consulted with all the doctors that came in his way, using all articles by them recommended, as well as all the patent medicines that he saw extolled for the removal of tape worm, (and their name is legion) in newspapers, almanacs and receipt books, &c.; however all failed. When he consulted Dr. Smick and myself, he presented the appearance and symptoms as follows: Was lean in flesh, and æenemic, judging from the appearance of *the surface* and color of his lips. Abdomen somewhat distended, troubled much and especially at night by a moving, creeping sensation in the abdomen. Variable appetite, at times voracious, at others none at all, passing daily by stool a number of joints of the worm. We advised him to eat of the paste of pumpkin seed and honey, ℥iij, one ounce at a time, with an interval of two hours. Six hours after taking the last portion he passed twenty two feet of the worm, though in three pieces, the longest of which was eighteen feet, and bearing the head of the parasite. I have been thus particular in discribing the above case, to show the difficulty attending the expulsion of this parasite by the usual articles prescribed by physicians, for this purpose; showing the superiority of paste of pumkin seed and honey over all known articles for the removal of this troublesome if not destructive parasite. The worm removed belonged to that class of tape worm technically called Tænia Solium. Since the removal of the worm, the patient has complained, after eating, of a sick disagreeable sensation in the region of the stomach, his health otherwise much improved. All symptoms of worms have disappeared.

Indian Point, Menard Co., Ill., March 14, 1853.

ART. III.—*Biliary Calculi, Obliteration of the Biliary Ducts—Abscess of the Liver*, &c. By Ira. E. Oatman M. D., of Sacramento City, California

On the 22d of Nov. 1852, I was called to treat Mr. C., attorney-at-law, for an aching pain in that part of the right hypochondriac region occupied by the gall bladder. He was about thirty

years old; and of a nervous-bilious temperament. Circulation natural.

He was attacked while riding on horseback, on a professional tour in the mines, from whence he was compelled to return to this city in the stage.

He was treated with cups and mercurial cathartics, followed by sulph. of quinia and sulph. morph., and counter irritation, with only temporary relief. Counsel being called, the Hydrarg. Chlorid. mit. and Morph. Sulph. were given in larger doses, but with the same results. The treatment then employed, was Potassii Iodidum, tonics and anodynes, with beef tea, &c., for nourishment, till his death, which occurred on the 22d, of December. The epigastric and hypochondriac regions gradually enlarged, and became tender upon pressure. The brow was knit all the time; the urine deposited a lithorage like sediment, and the stools were deficient in bile. He had anorexia towards the last, and became extremely emaciated. He did not become jaundiced until a few days before his death. Post mortem 30 hours after death, in presence of other medical gentleman.

The liver, enlarged to near twice its natural size, was firmly adhered over most of its surface, to the diaphragm and the contiguous viscera.

The gall bladder, reduced in size, contained a small quantity of viscid, muco-gelatinous fluid, nearly transparent, and two biliary calculi—one of which was nearly an inch in length. It was slightly loblulated, and of a dark olive brown color. It was friable when dried. The biliary ducts were entirely obliterated—they were reduced to small, firm, white chords.

The liver contained two large abscesses, one of which occupied most of the right lobe, and was pointing towards the right side.—It contained about a quart of yellow purulent fluid, part of which was thin, and the remainder of the consistence of cream.

The other contained about four oz. of the same kind of fluid. It was situated beneath the epigastric region, and extended into the left lobe. It pointed towards the pericardium. The pleural surfaces of the diaphragm and the right lung were firmly adhered.—The apices of both lungs were occupied by tubercles, some of

which were mature. The hour having arrived for the funeral, no further examinations were made.

The pathology of this case probably was, that the exercise on horseback forced these calculi into the cervix of the cyst, where they were firmly impacted, the smaller one occupying the original orifice of the cystic duct; and that the obliteration of the ducts, the abscesses, &c., were consecutive.

Sacramento, March 30, 1853.

Translated for this Journal, from the Gazette des Hopitaux.

ART. IV—*Transactions of the Imperial Academy of Medicine, held at Paris, March, 22d,* 1853.

Ten Years' Obstetrical Practice in the Department of Creuse.—By M. Maslieurat-Lagemard.

The order of the day was the discussion upon the report that M. Depaul had read at a former session upon this subject.

We give extracts from this report. The paper of M Maslieurat is composed of a series of essays, which treat upon the most important questions in obstetrical practice.

The Author, classifying cases of a similar character, has divided them into nine distinct series. The first comprise six cases which were reported in a concise and clear manner. They comprise cases in which his assistance had been asked on account of the unusual length of labor. After becoming assured that it would not compromise the health of either mother or infant, he decided not to interfere with the natural powers, and the deliveries were favorable.

The cases in the second series were five—They relate to accouchments which terminated spontaneously and favorable, after having required the artificial rupture of the membranes.—Four of these were primiparæ. The fifth multiparæ. In all the dilitation was complete and the uterine contractions very feeble. The labor in the first case continued thirty hours, thirty-six in the second, and forty-eight hours in each of the other three. In all the cases the vertex presented This brief resume of the principal points which characterize his observations will suffice

fully to justify his conduct, and to show that in these different circumstances he has evidently acted in conformity to sound doctrines.

The third series comprises those in which the author has had recourse to the use of ergot. The first six were primiparæ. The membranes had been ruptured for some time and the labor had already continued thirty-six or forty-eight hours. In all the uterine contractions had sensibly diminished or indeed almost entirely ceased. M. Maslieurat administered one gramme of the ergot, divided into two doses, to each of the patients. The result was most happy. In every instance the contractility of the uterus was restored, and in a few hours, without interference, all were delivered of living children. Such a result would appear to justify the conduct of the author. Nevertheless, says M. Depaul, such is not my conclusion, and in this I accord with the author himself, who, after an unfortunate experience, found his first impressions modified.

We have here a summary of the facts in the seventh case, which terminates the third series. A woman aged thirty years, well formed but of a delicate constitution, had a previous pregnancy, which presented nothing remarkable either in its progress or in its termination. She was at the full term of a second pregnancy, which had also been as natural as the first. When our author was called to her, she had been in labor forty-eight hours, and the membranes had been a long time ruptured. The pains, which had been at long intervals, and feeble from the commencement, had entirely ceased ten or twelve hours previously; the dilitation was complete, the head presented, and was fully engaged in the superior strait. The conditions appeared favorable, and he administered two doses of the ergot, of 50 centigrammes each. It was then 11 o'clock A. M.; the contractions were soon restored, and M. M. being obliged to leave, directed that they should send for him in two or three hours, if the labor was not terminated in that time.

He was sent for at 6 o'clock P. M., and as he lived at a distance of two leagues from the patient, it was seven o'clock when he arrived. The condition of the patient had very much changed during his absence; he found the countenance very much al-

tered in appearance, the nose and lips blue, and the features horribly contracted, respiration extremely difficult, short and quick; pulse thread-like and intermittent, and so frequent that it was almost impossible to count it; no part of the fœtus could be reached by a vaginal examination, the fingers only came in contact with a few soft, fungous masses, the nature of which could not be determined. On examination of the abdomen, the uterus was found to be contracted upon itself, and extending from the umbilicus to the pelvic excavation. In the right iliac region, a second irregular mass was discovered, nodulated, easily displaced, and which was evidently the body of the fœtus, of which the head and extremities were easily recognized.

Notwithstanding the alarming condition of the patient, the contractions were not very energetic; and it was only three or four hours since the abdomen became painful, and the general symptoms above alluded to were first manifested. Gastrotomy, was proposed as a last resort, but the patient and her friends would not submit to the operation. The patient died in about two hours.

In the midst of the sad reflections to which this unfortunate case gave rise, and after reviewing all the favorable conditions for the use of the ergot, M. Maslieurat declared that it was impossible not to attribute to the energetic contractions produced by this drug, the rupture of the uterus; he regretted having been obliged to leave his patient, and promised for the future to be more careful in the employment of this medicine. He alluded in closing, to the wise counsels given by our Colleague, M. Danyau, in a remarkable report read to this body.

The reporter, M. Depaul, admitting that the course pursued by M. Maslieurat was perfectly excusable, since he acted in accordance with principles generally received as correct, declares that he would condemn the ergot in those cases in which the result seemed to justify its use as well as in that which terminated so unfortunately. I have for a long time, said M. Depaul, observed the evils which occasionally result both to mother and child from the administration of this substance; and apart from its indications in certain hæmorrhages, or in some cases of miscariage, I believe the interests of the mother, would not very much suffer by its entire suppresion.

When the labor has been prolonged to its ordinary limits, and there seem to be indications for hastening delivery, it is necessary, in choosing between augmenting the uterine contractions by the use of ergot, or when evidently insufficient for the expulsion of the fœtus, replacing them by mechanical extraction, to decide whether the inefficiency is dependent on the diminished power of the contractions or on the increased resistance. Although it is generally admitted at the present day that this medicine is indicated only in cases where the obstacles to delivery are inconsiderable, or when the contractions which may result from it will require to be continued only a short time, yet I think that all the indications which should forbid its use have not been sufficiently appreciated. One is ordinarily called to make a decision at a time when, in consequence of prolonged labor, it is possible that an injury has already resulted to the child; to interpose then an agent which increases the uterine contraction, and of which the special action is to render it permanent with exacerbations almost tetanic in their character, will be to increase very much the danger by producing a disturbance in the uterine circulation still more serious, and which may terminate in that sad mechanical injury of which I have already had occasion to speak. The evident conclusion is, that in those cases which seem best adapted to the use of the ergot, it is prudent to resort to it only after being well assured of the state of the fœtal circulation; if upon examination this is found to have already been seriously interfered with, the use of the drug will be formally contra-indicated. The forceps, which in the hands of those accustomed to their use, are ordinarily safe, ought always to have the preference.

The fourth series comprises a number, of premature labors occurring in the same woman, and which appeared to be provoked by an abnormal irritability of the skin.

Another series includes cases which required turning. In two of the cases the shoulder presented. The child was lost in both instances.

A case of symphyseotomy was the subject of the eighth series.—A woman at the end of her third pregnancy had been in labor two days when the services of M. Maslieurat were requested. Although the contractions had ceased for several hours, the patient was very

much fatigued by the prolonged labor. As the membranes had been ruptured for some, time and the meconium was passing, he thought it necessary to have recourse to the forceps. The introduction of the blades was accompanied with no difficulty, but scarcely had he began to make traction than the instrument broke and he was obliged to desist. He immediately sent for one of his Colleagues, who, living at some distance, arrived only after several hours. The operation with the forceps was recommenced with a new instrument, but the head was found so moveable above the superior strait that after several efforts they decided to turn the child. The woman had not felt the motions of the child for a long time, and upon auscultation they were not able to hear the beatings of the fœtal heart. It was easy to introduce the hand, bring down the feet and extract it as far as the head, but this was arrested at the upper strait, and all the efforts which could be made with the hands or with the forceps were futile.

It was then determined to have recourse to symphyseotomy.—An incision was made along the median line of the sympysis, sufficiently extended to enable them to cut the cartilage, care being taken to avoid the bladder and urethra. This section was made with a blunt pointed bistoury. The separation of the bones alone was not sufficient, it was necessary to pull apart with each hand by taking hold of the anterior superior spinous process on each side. A slight noise was heard in the sacro-iliac articulations of each side, and suddenly the two branches of pubic bones were separated sufficiently to admit the finger between them; at this moment a very light traction on the trunk of the child was sufficient to deliver the head.

Three days afterwards, this woman was taken with a chill and severe pain in the whole of the right inferior extremity. The next morning it was very much swollen, without change of color.

The feebleness of the patient would not justify a resort to energetic treatment. They contented themselves with emolient fomentations, &c., and after a short time bandages rolled moderately tight. Fifteen days afterwards, this woman was able to be up and attend to her usual labors. Since that time she had another pregnancy, which progressed naturally, and terminated spontaneously in the birth of a living child.

The reporter, in spite of the success of this operation, does not think that the course of M. Maslieurat should be followed in like cases. He would prefer embryotomy, the only procedure proper in this case.

M. Depaul closed his report by a relation of a Cæsarian operation, interesting, not only from the success which followed it, but also from the peculiar circumstances under which it was performed.

In December, 1846, M. Maslieurat was invited by three practitioners to see a patient in labor two days, and upon whom they had determined to perform this operation. The woman had a slight deformity, but had already had five pregnancies, all terminating spontaneously. It appeared upon examination that the pelvis was rather larger then otherwise, and the head although not yet engaged in the superior strait, did not seem to be of an unnatural size. He expressed his astonishment at their proposition and endeavored to induce them to make use of the forceps. They objected that that which he had taken for the head was an adherent osseous tumor, developed since the previous pregnancy. His efforts to dissuade them being useless, he determined to leave, not wishing to partake in the responsibility of such an unparalled operation; but being urgently solicited, and hoping, as he said, by his presence to restrain them from further rashness, he consented to remain, after explicitly stating his objections.

None of the three had ever performed the operation. It was undertaken by the family attendant, but scarcely had he divided the abdominal walls, than his courage failed and he was obliged to desist. It was the same with the other two, and M. Maslieurat, found himself compelled to the cruel necessity of taking the bistoury, and completing an operation which he would never have commenced. The internal wound was united by the quilled suture, the abdomen sustained by a bandage, and severe regimen prescribed: every thing progressed favorably, and in a very short time the woman was perfectly well. On examination of the pelvis, after the operation, the 'osseous tumor' of the three confreres, was nowhere to be found. The embarrassing position of M. Maslieurat, can better be imagined than described. Without the least hope of reward, since the child was already dead, he found himself

compelled to complete an operation which a few minutes before he had formally condemned. The only alternative was to reunite the abdominal wound and endeavor to extract the child by the natural passages, but the most serious part of the operation, the wound of the peritoneum, was already performed.

The unlooked for success which followed this operation confirms the general reflections of the author of the memoire, upon the wonderful facility with which wounds in the departments heal, and especially in that in which he resides. If, in judging ofthe val e of hysterotomy in general, adds the reporter, the statistics of large cities and especially of our large hospitals are taken, the conclusion arrived at will be that death to the mother is always or almost always the result. If, on the contrary, the statistics of the provinces and especially of the rural districts, are made the data, this will not be judged more dangerous then a large number of other surgical operations. The department of Creuse seems to be distinguished in late years, by constant success. In fact since 1843, the Cæsarean operation has been performed six times, and in every instance the life of the mother was saved. Three of these cases were communicated in May, 1849, by Dr. Guisard, of Gueret (vide mem. academiæ, t. xv). Two others occurred since in the practice of Dr Pezaud, of Ahun, and the sixth is the one detailed above.

M. Depaul closed the report by expressing his sense of the value of the memoire and proposing :

1st. The thanks of the Academy to M. Maslieurat for his interesting communication.

2d. That it be deposited in the archives.

3rd. That his name be entered anew upon the list of candidates for places of correspondence.

ART. V.—*Ascarides.* By C. W. Davis, M. D.

Messrs. Editors:—I discover in the February No. of the *North Western Medical and Surgical Journal.* A query made by a correspondent, "for the best remedy for Ascarides."

Several cases laboring under the annoying and troublesome sensation produced by these Worms, having come under my consideration, I will briefly state my treatment, which has generally proved efficient.

I direct the patient to take a large portion of Calomel, Gamboge, and Aloes, in equal proportions,—the quantity to be governed by the age of the patient,—this to be followed in the course of an hour by an enema composed of molasses and sweet milk, or at least to be injected prior to the operation of the Calomel, &c.

After I have succeeded in expelling the Worms, I put the patient upon the use of the Lactate of Iron, or some other chalybeate tonic, to prevent their rapid reproduction.

I took up the idea of the molasses and sweet milk injection from the situation of the worms, believing that none of them were ever discovered, in the different viscera in which the Chyliferous vessels are thickly interspersed, and that Chyle itself was incompatable with their existence.

This purge of Calomel, &c., with the injection, will bring them away frequently in very large quantities, and the Lactate of Iron serves admirably as a preventive against a future annoyance.

Carlisle, Indiana, March, 20, 1853.

An Inquiry, Critical and Experimental, into the Pathology of Fever. By N. S Davis, M. D., Professor of Pathology, Practice of Medicine, and Clinical Medicine, in Rush Medical College; and one of the Physicians of the Ill. Gen. Hospital.

"A correct Physiology must form the basis of all sound Medical Philosophy."

Since the earliest dawnings of Medical Science, no class of diseases has attracted more attention, or their discussion occupied a wider space in the literature of our profession, than Fevers.

Occurring, in some form, in every climate, and often assuming the most serious degree of severity; their symptoms, causes and nature, have constituted subjects of the most careful study; and on them have been founded most if not all, the great systems or hypotheses that have swayed the minds of the profession, during the last two thousand years. With a knowledge of these facts, it may seem presumptuous to present for the consideration of the profession, another essay on a subject so long the study of the most enlightened minds that have adorned the pages of medical literature. And yet, when we examine with care, we shall find very few subjects connected with practical medicine involved in greater obscurity, or concerning which the knowledge to be gained from recent authors is less satisfactory. Even the elementary question, What is fever? remains *ad huc sub judice.* For while modern inquirers have entered into the most minute and extensive researches in regard to the causes, phenomena, differences, and post mortem appearances, presented in the different forms of fever, they have left the question, as to its essential nature, very nearly where it was a century since. Hence says Dr. Geo. B. Wood, "As to the real nature of the fever, (Typhoid) we are in the dark, as we are, in fact, in relation to all the essential fevers."* Again he says, "Theorists have failed in endeavoring to trace the complicated disorders of fever to some common source, and to point out a particular succession, a particular and necessary line of march, in the progress of the affection. The universal disturbance of function, which consti-

* See Wood's Practice, vol. i, page 337.

tutes the disease may be brought about in various ways; and the starting point may be entirely different in different cases. Yet, among the great majority of cases, there is a close analogy in the mode of onset, which must be ascribed to some common principle. Whether the fever is idiopathic or symptomatic, the first decided step towards its formation, seems to be some morbid impression upon the nervous system, and this impression seems to be of a depressing nature. The phenomena immediately preceding, and those attendant on the chill, are for the most part unequivocally those of depression. The whole nervous system appears to have received a shock from the cause, cramping and for a time deadening its energies. Along with the diminished exercise of the nervous function, is necessarily a diminution of all those functions dependent upon it. We may thus partially explain the condition of the chill; *but there is something more which we do not fathom;* something in which the chill of fever differs from other instances of nervous depression. Upon the principles which have already been explained, the general prostration is followed by reaction, and the fever is then established. But there is here also something more than mere reaction.—There is the continued action of the cause, a diversified play of sympathies in one case, a widely pervading influence from some unknown agent in another; and fever is not purely, as some have maintained, the *resilience* of the bowed down system. *To unravel this complicated web, is, in the present state of our knowledge, impossible.*"*

Dr. Holland likewise observes: "We can scarcely touch on this subject of fevers, especially the idiopathic, without finding in it a bond by which to associate together numerous forms of disease; but, withal, *a knot so intricate that no research has hitherto succeeded in unraveling it.*"

With the exception of Clutterbuck, Broussais, and their disciples, who regard all fevers as dependent on local inflammation, I might quote similar acknowledgements from almost every writer for the last half century. The advocates of the inflammatory origin of fevers are now comparatively very few. Equally small is the number of those who adhere to the systems of Brown, Darwin, Cullen or

* See Wood's practice, vol. i, page 109.

Rush. It would seem that modern investigations have fully established the ancient doctrine that fevers, properly so called, are idiopathic and *general* diseases, involving more or less functional dederangement of all the organs; while the same investigations have equally demonstrated the falsity of the theories invented for their explanation, without establishing any others more satisfactory in their stead. It is true, that some, like Dr. Stevens, place the primary link in the chain of morbid action, in the blood; others adopting the ideas so clearly and logically set forth by Dr. Southwood Smith, trace the first morbid impression to the nervous system; while the great majority content themselves with tracing, as carefully as possible, the causes or circumstances under which these diseases arise, their distinctive varieties, the changes that take place in the various organs and tissues during their progress, and the effects of treatment, leaving the question of their essential pathology entirely untouched. This absence of any established or generally received ideas of the pathology of fever, has given rise to systems of treatment the most various, and often contradictory.

Indeed, there is no subject in the whole range of practical medicine, concerning which our medical literature furnishes so perfect a specimen of confusion and anarchy of opinion, as in relation to the one now under consideration.

For abundant proof of this, we need not look beyond the able report on the "Blending of the Types on Fever," and the reports on epidemics, published in the last volume of the Transactions of the American Medical Association. It is no part of my present object, however, to pursue these general observations, or to collate the diversified opinions of the profession concerning this subject.

Having occupied, during the last three or four years, a geographical position, where almost every variety and type of fever is to be met with, from the simplest form of *periodical* endemic, to the graver forms of *continued* fever, as they occur among the poorer class of emigrants, I have been induced to study them, both in hospital and private practice, with much interest and care. The result of this study is the conviction that fever, though diverse in its causes, phenomena, and results, and exceedingly complex in its composition, is yet susceptible of *analysis*, and capable of a rational and consistent explanation. To accomplish this, however,

we must commence our study with a full comprehension of the extent of the subject, and the elements it embraces; otherwise we shall almost inevitably be led to partial views and erroneous conclusions.

Some have sought in a study of the causes of these diseases, an explanation of their nature and varieties; others like Broussais, Louis, Chomel, Gherard and Jackson, have sought the same end by the most minute and patient examination of the post mortem appearances; while a still larger number have fixed their attention on the symptoms or direct phenomena presented during life. Some of the latter, like Bœrhaave have spent much time in collecting and comparing all the symptoms of fever, detailed by different writers, with a view of determining which of them were common and invariably present in all the cases and varieties of the disease, a task which resulted in finding no such symptom; the only *three* left by Bœrhaave himself, having been long since found frequently absent. Others, instead of searching directly for the symptoms that might be constantly present, in all the forms of fever, have, with much labor and perseverance, collated the symptoms in each variety, stated their relative or numerical degree of prevalence or constancy and thereby endeavored to point out the specific differences between the several varieties. The most recent and important attempt of this kind has been made by Dr. Austin Flint; the results of which are found in his valuable work entitled, "Clinical Reports on Continued Fever."

This work, though containing a large amount of interesting and valuable matter, instead of throwing any light on the essential pathology of the continued Types of Fever, or establishing any fixed and constant differences between the two leading varieties, (Typhoid and Typhus,) does in fact only demonstrate that certain leading symptoms are more frequently present in one variety than in the other. In other words, instead of finding specifically different symptoms, those belonging to each variety of continued fever, bear the mathematical relation to each other of *plus* and *minus*. Another class, adopting the rules of investigation laid down by Dr. Southwood Smith, have diligently endeavored, first to ascertain, not the particular symptoms, but the particular organs and tissues whose functions were invariably disturbed in all varie-

ties of fever; and second, the precise order in which these disturbances take place.

Dr. Smith himself asserts very positively that "there never was a case of fever," in which the *nervous* and *sensorial* functions, the *circulating* function, and the functions of *secretion* and *excretion* "*were not more or less in a morbid state.*" This, however, is simply a more systematic mode of expressing the well-known fact, that fevers are accompanied by universal disturbance of function, though very variable in the kind and amount of derangement in different cases. Concerning the second endeavor, there is much less unanimity of sentiment. Some regard changes in the *blood* as the *first* and essential step in the development of fever, such as the deficiency of the saline constituents, alteration of the properties of the corpuscles, &c. Others vaguely refer the first step to some morbid condition of the *Vital* properties of the solids; while Dr. Martin Payne boldly claims that it consists essentially and invariably in an "*exaltation* of *irritability* and *mobility*;" properties which he represents as elementary and vital. Much the larger number of writers at the present day, however, like Dr. Southwood Smith, attribute the first link in the chain of morbid action, to some unnatural impression on the nervous system, and make this the antecedent, if not the immediate cause of the subsequent disorder of the circulating and secreting structures. This doctrine is fully set forth in the paragraph already quoted from the last edition of Dr. Wood's Practice.

And yet the same able writer, in the same paragraph, is compelled to acknowledge that there is something, even in its initial step, "which differs from other instances of *nervous* depression." It seems to me, that all these modes of investigation have failed to fully accomplish the object for which they were instituted; first, from the too restricted or partial system of investigation pursued; and second, from a disregard of that analytical and inductive method of study, which is so necessary to guard against vague and erroneous conclusions.

If it is true that disease consists in a deviation from the healthy or natural state, of some one or all of the structures and functions of the human system; and if it is equally true that fevers, properly so called, essentially involve more or less deviation from the natu-

ral condition, of all the functions of the body, it would follow as an almost necessary inference, that there must be some property or properties capable of being acted on, which are so common or universally identified with all the tissues, that their disturbance necessarily disturbs in some degree the functions of the whole.—Hence, if we would successfully unravel the complicated phenomena of fevers, and obtain for ourselves clear ideas of their true pathology, we must not only study, critically and impartially, the causes, the symptoms, and the condition of the solids and fluids during life, as exhibited at the bed side, and the post mortem appearances, but we must include with all these a close analytical study of that condition of the fluids and those properties of the solids, the disturbances of which are capable of inducing equal disturbance of all the functions of the body.

In the further prosecution of my present task, I shall not enter upon the long protracted discussion, concerning the general or local character of fevers; for however frequent may be the complications of fever with local inflammation, I think no impartial observer can long maintain his position at the bedside of the sick, or traverse daily the clinical wards of a Hospital, without recognising, not only a marked distinction between fevers and inflammations, but also, the *idiopathic* and *general* character of the former, just as clearly as he does the local and limited character of the latter.

When, a few years since, I first took up and read that excellent work of Dr. C. J. B. Williams, entitled "Principles of Medicine," I felt no less disappointment than regret, that in his interesting study of the *elements* of disease, he should wholly omit the subject now under consideration. It then occurred to me that the same elementary and analytical process applied to the study of fevers, would contribute much to a clearer and more definite knowledge of these forms of disease; an impression which has since been much strengthened by clinical observation and study.

For the sake of clearness and accuracy, I shall propound the following distinct questions, and discuss them in the order in which they are stated, viz:

1st. Are there any properties, conditions, or forces possessed by all the living organized matter of the human body, whether constituting a part of the solid tissues or floating in the fluids, capable

of being acted on by morbific agents in such a way as to produce general functional disturbance of the whole system?

2nd. Are all the varied phenomena necessarily belonging to the different types of fever, when closely analyzed, susceptible of being satisfactorily explained, by a knowledge of the action of morbific agents, on the properties or forces alluded to in the preceding question?

That all living organized matter, whether vegetable or animal, is possessed of certain properties, which are inherent and essential, constituting its vitality, seems to be a proposition universally assented to.

And yet, concerning the nature, origin and number of those properties, there is great diversity of opinion, and much confusion in the modes of expression adopted by different authors.

Thus says Dr. G. B. Wood in his summary of general pathology, which introduces his valuable work on Practical Medicine; "All living parts are endowed with the property of excitability, or, in other words, are capable of being brought into and maintained in action by the stimulus of certain agents, either internal or external." In the same paragraph, however, he confounds this property of excitability with the function of ordinary sensation, as follows: "But under the influence of certain agents, this excitement may be increased or diminished so as to occasion *uneasiness* to the individual, and interfere with the due performance of the functions. Thus heat and cold, in the ordinary changes of the seasons, often produce *painful* impressions, the former with an augmented, the latter with a diminished action of the part affected." But the confusion does not stop here. In the following paragraph, taken from page 16, vol. i., he not only uses the words "nervous energy" as synonymous with "excitability," but represents both as existing in definite *quantity*, capable, like the blood, of being driven from one part, and accumulating in another. Thus he says: "When the healthy actions of a portion of the frame are reduced, the *nervous energy* and circulating fluid, being diminished in that part, necessarily *accumulate elsewhere;* and if the cause continues to operate, a morbid excess of action, in other words an irritation, in some other part or organ is the consequence. This results, in part, from

a mere change in the balance of the circulation, throwing an undue portion of blood, which is itself a powerfully stimulating agent, upon a particular organ; but probably in part also from the operation of that physiological law by which the system, *possessing a certain amount of excitability*, experiences a temporary increase of this property in certain parts, when its exercise is restrained in others."

Drs. Kirk and Paget enumerate three distinct *Vital* properties, viz.: Formative Force, Contractility or Irritability, and Vis Nervosa, or nervous power. Dr. Williams and Carpenter, speak of Contractility or Irritability and Tonicity, as Vital properties, but limit their existence to muscular or contractile tissues. While the latter well known Physiologist, seems to claim but one general vital property, which he styles *Vital Force*, and labors to show that even it is strictly co-relative with ordinary physical and chemical forces. Thus he says: "It seems, then, to be a legitimate expression of the dynamical conditions, requisite for the production of the phenomena which we distinguish as *Vital*, to say that they are dependent, directly or indirectly, upon the *Physical force* pervading the Universe; which, acting through organized structures as their "Material Substratum," manifest themselves as Vital Force, one of the most characteristic operations of this being the production of new tissue, which in its turn may become the instrument of a similar metamorphosis. *And we have the same kind of evidence, that light and, heat acting on the organic germ become transformed into Vital Force*, which we possess of the conversion of Heat into Electricity by acting on a certain combination of metals, or of Electricity into Magnetism by being passed round a bar of iron, or of Heat or Electricity, into motion, when their self-repulsive action separates the particles from each other."*

With becoming deference for so learned an author, I must express the opinion, that in this sentence, and in all his comments on the subject embraced in it, he has not only failed to explain anything, but has remarkably intermixed and confounded things essentially different. That light and heat when brought to act in proper force, on a *living* organic germ, will give rise to actions

* See Carpenter's Principles of Human Physiology, page 143–4.

which are termed *Vital*, is universally admitted. But why are they termed *Vital?* Simply because they exhibit phenomena and results peculiar and different from anything that we see in inorganic matter. And why these peculiarities? Not certainly from any peculiar property or transformation of the light and heat; but plainly from a peculiar susceptibility or determinative quality possessed by the *organic germ* itself. A susceptibility or quality which must not only exist in the germ, as a necessary antecedent, but which can alone render the action of light and heat of any avail in producing vital phenomena. Thus you may pour light and heat on the unfecundated egg as long as you please and no vital actions will result. There must, therefore, be an anteceden susceptibility in the germ, on which the light and heat, and all other stimuli act; and this it is that constitutes the true Vital Force. Hence to say, with Carpenter, "that light and heat acting on the organic germ, become transformed into Vital Force," is only another mode of stating the absurd proposition, that organic or vital actions are the result of light and heat acting on some modification of themselves.

Dr. Martin Paine enumerates six vital properties, viz: "Irritability, Mobility, Vital Affinity, Vivification, Sensibility, and Nervous Power." A part of these, like Sensibility, are so plainly *functions* of a particular structure, instead of elementary vital properties that they need no comment.

Drs. Niel and Smith in their Hand Book of Physiology, state, "that two vital properties are described by Physiologists, to wit: Sensibility and Contractility." They very properly add, however that Iritability or Contractility may be considered the *only* vital property possessed by all living beings.

Dr. Brown used the term "Excitability," but in such a sense as to include both sensibility and irritability; while many English, French, and German Physiologists, like Drs. Cullen and Gregory, and Drs. Eberle and Wood of our own country, seem to regard this property as something derived from the brain and the nervous system

According to Dr. Samuel Jackson of Philadelphia, "the term Irritability was first introduced into medicine by Dr. Francis Glisson," who was followed by DeGorter, Winter and Haller; while

Stahl, Hoffmann and others attributed the same phenomena to a kind of intelligent agency personified as the Vis Anima, &c. Dr. Jackson himself claims two vital properties, viz: "Organic Force or Irritability, and Vital Affinity."* These allusions to different writers, clearly show two things: First, that the idea of the existence of some vital property or properties, existing in all organized matter, by which such matter, is rendered capable of being acted on by external agents, is very generally, if not universally entertained. Second, that there is no general agreement as to the number or nature of such properties, or the part they play in maintaining health or giving rise to the phenomena of disease.

A somewhat extended series of investigations have led me to regard *two* conditions as necessary and essential for the production of Vital phenomena. The first consists in a peculiar arrangement of the particles of matter, which, for want of a better term, I shall style Tonicity, or texture. The second consists in a peculiar property which I shall call Susceptibility. Let us view living matter in whatever aspect we may, whether in the simple vegetable germ, or the more complex animal tissue, a rigid analysis will invariably lead us to a definite texture or Tonicity, and a Susceptibility, as inherent, elementary and universal conditions, without the possession of which there can be no manifestation of life, no vital action. Of the essential nature of these two conditions we know nothing, inasmuch as they are ultimate and elementary; bearing the same relation to living organic matter, that the elementary physical forces termed caloric, attraction &c., do to inorganic matter.—That they do not consist of any mere modification of the ordinary physical forces, is evident from the fact that every germ or tissue or cell must have an antecedent possession of them, or the operation of ordinary physical forces, produces only decomposition instead of vital action. That they are not derived from any connection with the nervous system, is equally evident from the fact that they exist in seeds and germs where no nerves exist, and also from the fact that the nervous power or influence, like the physical forces, can only act on matter possessing an *antecedent susceptibility.*

Hence, I state, it is a fundamental physiological maxim, that all

* See Jackson's Principles of Medicine.

living matter possesses two inherent, elementary conditions, viz: a definite Tonicity, or arrangement of particles constituting its structure, and a Susceptibility, by which it is capable of receiving the impressions of external agents. Thus while the primary cell of the vegetable or animal germ, retains these conditions in their normal state, it only requires a proper arrangement of the external or physical agents, such as heat, light, moisture &c., to excite in it that action which causes it to assimilate other matter to itself, developing new cells and all the ordinary active phenomena of organic life.

But let either of these conditions be destroyed or essentially modified, as by the simple temporary exposure of the germ cell to too high a temperature, and no possible arrangement of external or physical agents will ever after succeed in eliciting from it one single *Vital* phenomenon. Physiologists have not always made clear distinctions between elementary vital properties, and primary functions.

Many, like Dr. Payne, speak of Contractility, Mobility, and Sensibility, as elementary vital properties; when they are really elementary functions of particular parts. Thus, matter arranged in the form of the primary muscular fibre and possessed of Susceptibility, will *contract* on the application of nervous energy, electricity, or other stimulants. Hence, Contractility or Contraction is the specific or primary function of the muscular fibre. Its necessary antecedents and coincidents are, a particular Tonicity or texture, a Susceptibility, and the impression of a stimulant or excitant. In the same sense, *Sensibility* is a specific and primary function of nerve matter. A definite structure consisting of nerve cells or fibres and a Susceptibility, renders the action of a suitable agent capable of inducing what we term Sensibility.

If the nerve cells or fibres constitute a part of the nervous system of animal life or of relation, the sensation will be recognized by the mind, and designated as pleasurable or painful, and perhaps in return an energy or agency, will be sent to certain muscular fibres exciting their elementary function of contraction; from which results definite and intelligent motions. If they constitute a part of the nerves of organic life, the mind will be entirely unconsci-

ous of any sensation; yet an impression, which might appropriately be styled an organic sensation, is transmitted to an appropriate centre from which emanates an influence to corresponding organic or involuntary muscular fibres. Hence *Sensibility* and *Transmissibility* are the Specific functions of nerve fibres, whether they belong to the system of ordinary sensation and voluntary motion, to that which is so intimately connected with respiration and circulation, or to that more obscure system which links the various organs together and brings the whole into close sympathetic relation. The same analytic examination will show the true position of Nutrition, Secretion, &c. Thus the presence of a nutritive fluid in contact with any tissue possessed of its natural tone or texture and Susceptibility, will excite that peculiar molecular action, which results in the deposite of new particles, and the removal of old ones. So, too, the presence of a fluid containing the proper ingredients in contact with secreting cells or tubules, induces such changes as result in the production of a new fluid termed a secretion. We thus see that nutrition and secretion, like sensibility, transmissbility, and contractility, are elementary functions of particular structure, while all are alike dependent on the antecedent, and universally inherent properties or conditions which have been styled Tonicity and Susceptibility.

The disciplined and reflecting mind will trace these properties and functions in all living matter, from the simplest form of animal existence, presenting only the two elementary conditions, and a single primary function—nutrition—to the more complex organs of the higher orders of the animal kingdom, in which several of the elementary functions may be combined to produce some of the more complex phenomena of life. Thus, a simple voluntary movement, requires at least two elementary functions, viz.: transmissibility in the nerve, and contractility in the muscular fibre.

Having now answered, as definitely as time and space will permit, the question whether there are any properties or conditions, possessed alike, by all the living organized matter of the human body, the next inquiry is, whether such properties or conditions, are capable of being acted on by morbific agents, in such a way as to produce general functional disturbance of the whole system? It is a fundamental and fatal error of the Physioiogical

or Broussaian School of Medicine, that after announcing irritability or susceptibility to be an inherent property of all living matter, capable of being acted on by excitants or stimuli, they passed at once to the uncalled for conclusion that the action of all such agents is local; and consequently that all disease must be local also. On the contrary, if Susceptibility and Tonicity are universally inherent properties, capable of being modified in one part or tissue then certainly, by the extension of the same or similar causes, they would be capable of modification, at the same time, in all the tissues. If the first would be productive of local functional derangement, the last would equally produce *general* functional derangement. The fact, however, that both Tonicity and Susceptibility are capable of being modified by the action of certain agents, in all the organs and tissues of the body simultaneously, rests on no mere hypothetical reasoning; but is established by a great variety of observations. Among the most familiar of these observations, are the effect of those all-pervading physical agents or forces, termed caloric and electricity. So directly does the first of these agents affect the elementary vital properties of all organized matter, that if we expose the germinating seed or the fecundated egg, to a temperature only a few degrees above blood heat, no subsequent treatment will restore their susceptibility, or render them capable of exhibiting vital phenomena. Equally familiar is the fact that the tissues of the human system, when exposed to a high temperature, become soft or flacid—in other words, their *tonicity* becomes diminished, and their susceptibility becomes, in nearly the same ratio, increased; while a low temperature produces just the reverse effect on both. Even non-professional men habitually notice this change in their own physical systems, with the changes of the seasons.

Another mode, less familiar, but not less important, by which the vital properties become modified, consists in the alterations either in the quantity, quality or composition of the blood. The blood, perpetually circulating and constantly present in every tissue, and in contact with every cell and fibre of the body, can undergo no unnatural or morbific change without inducing an effect simultaneously, though not perhaps to the same extent, in all the tissues. When the circulating fluid exists in full quantity and is

rich in Corpuscles and nutritive matter, the individual enjoys what is called "high health." The flesh is firm, the circulation and and muscular contractions are vigroous and well sustained, and the nervous and secreting structures are active, indicating general strength and vigor without undue susceptibility. But let the quantity of the blood be deficient, as from excessive hemorrhages, and the flesh soon looses its firmness, the muscles their strength and power of endurance, and the secretions diminish, while the susceptibility or irritability frequently becomes increased. But perhaps the most striking and direct proof of the power to alter the inherent property of Susceptibility, by altering the quality and composition of the blood, is afforded by the effects of injecting Saline and other solutions into the veins of patients laboring under Epidemic Cholera. When, under the influence of that rapid disease, the organic susceptibility has almost ceased, the pulse being no longer perceptible at the wrist, the skin being shrivelled and purple, the visceral secretions and production of animal heat being all suspended, the injection of a few ounces of some Saline solution into the veins, generally produces an effect so speedy and universal throughout the whole system as to surprise the observer. In a very few moments the pulse returns in the radial artery, the capillary circulation improves, the skin becomes less shrivelled, the eyes less sunken, the skin and tissues again become warm, and the kidneys and other secreting organs take on their natural functions. It is true that this improvement is too often only temporary; for with the general improvement of organic susceptibility, comes also a renewal of the gastric and intestinal irritations or determinations, with the usual copious discharges and consequent recollapse. This however does not lessen the value of the experiment, as proof that the inherent susceptibility of the tissues is capable of increase and diminution by altering the condition of the blood. The power to act directly on the all pervading property of living matter, which we have styled Susceptibility, is further illustrated by the very recent experiments of Dr. Brown Sequard on the effects of renewing the circulation through the vessels of limbs entirely severed from the body. That the effects in all these cases are produced by a direct action on the elementary

and inherent property or properties of the tissues, and not, as some might suppose, on the organic nerves, is evident from two considerations. First, the substances used to inject the veins, in the collapsed stage of Cholera, were not such as usually produce any perceptible effect on the nervous system, and in Dr. Brown Sequard's experiments there was no possibility of making an impresssion on the nervous filaments belonging to the cerebro spinal system, because the limbs experimented on were not only cut off or severed entirely from the body, but were allowed in several instances to become quite cold and rigid. Second, there are some substances which, when taken into the system, very obviously possess the power to excite or exhilarate the nervous system, while at the same time, they diminish both Tonicity and Susceptibility; as indicated by a diminution of the capillary circulation, the secretions, the animal heat, the power of endurance, and the consciousness of organic suffering, while at the same time, the excitement of the brain and nerves produces in the individual a deceptive feeling of warmth, activity and strength. Perhaps the most familiar substance of this class, and one that displays its double influence on the human system most clearly, is alcohol. This substance, when diluted in the form of distilled spirits, and taken into the stomach, rapidly enters the blood unchanged, and in a few minutes perceptibly modifies almost every function of the system. It causes a feeling of exhilaration or excitement to pervade the brain, and thereby modifies the actions of the mind. At the same time, the respiration and the pulse become slightly quickened, but less full and forcible; the secretions diminish, as indicated by the dryness of the mouth and fauces; the proportion of Carbonic Acid in the expired air is diminished; the tone and steadiness of the muscular fibres become impaired; and the temperature of the system, as indicated by the thermometer, under the tongue, actually becomes lowered. If the impression made by Alcohol was on the nervous system alone, the excitement or exhilaration of that tissue should be accompanied by corresponding exaltation of the functions of all the other tissues; but numerous experiments demonstrate the reverse to be true.

Observing several years since, a wide and irreconcilable differ-

ence or discrepancy between the theoretical and popular idea that alcohol and alcoholic drinks, from their highly carbonaceous composition, were among the most efficient supporters of animal heat and respiration, and the actual physical effects of those substances on human health, strength and power of endurance, as unequivocably displayed in their daily and extended use throughout civilized society,—I commenced, in the winter of 1850, a series of experiments, designed positively to determine the effects of different classes of food and drinks on respiration and calorification.

These experiments have been continued up to the present time, and their results will be made manifest hereafter.

But the effects of alcoholic drinks so strikingly illustrate some of the positions taken in the annexed essay, that I cannot forbear detailing one or two experiments with the accompanying remarks.

Experiment 1. On the 18th of October, 1852, after remaining quiet two hours in a room, the temperature of which was kept steady at 70° Farenheit, at 8¾ o'clock, P. M., my temperature as indicated by a delicately graduated Thermometer, the bulb of which was inserted under the tongue, was 98¼°, F. the pulse 76 per minute, and respirations 17. I took at once three ounces of brandy mixed with water. *Thirty* minutes after the brandy was taken, I felt an unusual dryness in the mouth and fauces, a feeling of exhilaration in the head, with a slight general feeling of numbness throughout the whole system, and a sensation of increased heat especially in the stomach and face; the thermometer, applied in the same manner as before, indicated the temperature at 98° F., the pulse 84, and respiration 17. *Sixty* minutes after taking the brandy, all the feelings just mentioned were much increased; the sense of exhilaration in the head amounting to decided giddiness or feeling of intoxication; the temperature was 97¾° F., pulse 77, and respiration 17.—*One hundred and twenty* minutes after taking the Brandy, all the feelings before described had begun slightly to diminish; the temperature was 97½° F., the pulse 75, and respirations 16.

(*Continued in next No.*)

SELECTIONS.

From the Stethoscope.

Miasmatic Modifications of Inflammation of the Lungs. By A. T. Foster, M. D.

This is a miasmatic region. During the latter part of the summer and throughout the autumn, scarcely a family escapes an attack of intermittent or remittent fever, while in many cases whole families are simultaneously affected. At all seasons sporadic instances may be noticed, chiefly occurring in those individuals who have been previously attacked. Relapses are frequent: they have been much more so during the past fall than is usual.

Very many patients are not subjected to any treatment; many are treated without medical advice, simply by the administration of quinine; some by cathartics, (mostly Peters' Pills,) others again, by stimulants of various kinds, principally, however, such as are suggested by Thomsonian views. Still another division are treated according to the best judgment of regular practitioners, but before health is entirely restored, discontinue all sanitary or precautionary measures. And again, there is another class, who, suffering from the same influence, exhibit no completely formed attack of fever, but drag through the fall with engorged viscera, or sub-inflammatory hepatic, splenic, duodenal or stomachic derangements, often presenting an irregular collection of symptoms, constituting an anomalous disease; a proteus in form; an ignis fatuus to the search.

Erysipelas is common, almost invariably attended with a weak, quick pulse, epigastric tenderness, a red, angry looking tongue, deficiency of bile in the alvine evacuations, and obstinately persisting dryness of the skin. Its usual termination is in suppuration.

Since the visitation of Asiatic cholera in 1849, there have been several severe epidemic prevalences of diarrhœa and dysentery, occurring in the spring and summer. Perhaps it would be more correct to say that, in the spring and early summer of the last three years, these diseases have prevailed extensively.

From early in May to the last of December, however, there are few fatal cases of sickness, taking into the account all the causes of death. Indeed, the mortality will compare favorably with that of any location with which we have had an opportunity of contrasting it. This may appear to some a startling assertion, but we make it with confidence. It is the time when the seeds of death are sown; the harvest is gathered during the four remaining months.

During these four months inflammatory diseases prevail. Those

which most frequently fall under the care of a physician, are capillary bronchitis, pneumonia and pleuritis. Ordinary bronchitis is generally a subject for domestic practice. Pleurisy, when uncomplicated, is generally productive of but little trouble to the physician. Possibly this may in part depend upon the fact that the pain leads the patient to apply at once to a medical man. Be this as it may, it is oftener uncomplicated than pneumonia or grave bronchitis. We mean when the pleurisy is the principal affection.

But, during six years, we have not met, in this neighborhood, with a single case of pneumonia or capillary bronchitis, uncomplicated by sufficient disorder within the abdominal cavity, to demand the most prominent attention. This remark does not apply to cases produced by mechanical injury or arising from tubercular phthisis; although it might, likewise, in a qualified degree, be extended to many of these.

It is rare to meet with a case, which, if seen early, will not be, more or less, immediately relieved by vs. The heat, the restlessness, the dryness of skin, the thirst, the difficulty of breathing, the perverted ratio of the respiration to the pulse, the harshness of cough, all acknowledge its beneficial agency; but the patient will rarely bear a sufficiently large abstraction of blood to render this improvement permanent. Still less frequently can a repetition of vs. be carried to any extent, without inducing fearful prostration, either immediately or in the after period of the illness. Cupping is better borne, but many of our patients suffer much from the necessary exposure of the chest, being confined in uncomfortable apartments. A secondary difficulty is, that cupping in the country requires the time of the physician, a circumstance of some weight when the days are short, the roads and the weather bad, and there is a stress of practice.

The irritability of stomach is often such, from the first, as to forbid the use of tartar emetic in any doses. The appearance of the tongue, of a fiery red, that of the fauces and mouth often studded with points of follicular inflammation, would deter us from its employment. Almost invariably the bowels, irregular in action at the onset, become after a while affected by a distressing diarrhœa.

The prompt action of mercury, more particularly a little later in the disease, when it seems most clearly indicated, is limited by the want of a clear index of its action, from the difficulty of knowing how much of the mouth and throat affection depends upon its employment, and by the dread of censure, there being always enough wise ones around to attribute anything, leaving the least room for doubt in the vulgar mind, to its action, while we know that hemorrhage, and even sloughing of the fauces, will often occur in low states of the system from its use, and that yet these things frequently come on when not a particle has been given, as we have more than once had opportunities of witnessing.

Blisters, again, require a most cautious application: applied too early, they add to the fever and irritability of the system; too late, we have sloughing. Though we have seen several recoveries after this had happened.

Opiates appear to lock up the hepatic secretion, and often suppress the expectoration. We have often regretted their administration.

In treating of pneumonia and capillary bronchitis in this irregular sketch, we have grouped them together, because we wished to draw attention, more particularly to the complications which embarrass us in the treatment, and because the latter so frequently runs into the former, that we scarcely feel assured, from day to day, which disease the morrow may bring forth. Indeed, the two often merge into each other by an almost imperceptible line.

And we have referred to the difficulties attending us in the employment of the most prominent remedies, rather than endeavored to point out any particular course of treatment. Our aim has been, to be suggestive of obstacles, which being impressed upon the mind, will make us look clearly for the indications to be fulfilled, and weigh well the agents brought to bear upon the component parts of the disease.

A summary of the general plan of treatment which we have pursued, and we have done.

Vs. when the patient is seen early, to a decided extent; to be employed with extreme caution, when a repetition of it seems to be demanded, or when used late in the sickness; cupping, more particularly when a pleuritic stitch arises.

If the bowels are not loose, a full dose of calomel, taking care to insure a free evacuation of the intestinal canal by ol. ricini, if required.

Nauseant doses of ipecacuanha.

Opiates as seldom as possible. In many instances they are imperatively demanded by wakefulness, restlessness and pain, and to control the action of the bowels. We prefer full doses, when they are given, and that they should follow vs. at once, if the circumstances of the case will permit. When we can select the time of their administration, a little before the customary period for retiring to rest, is, for obvious reasons, the best.

Calomel, in doses decidedly alterative, and that will place us in a situation to produce ptyalism speedily, if we should, in the course of the disease, deem it expedient. If the disease remains mere bronchitis, we cannot conceive why the action of mercury should be pushed, nor if the abdominal complications should disappear from a pneumonic case, unless hepatization of the lung existed, would we consider it advisable.

Alkalies and demulcents have done us good service in all stages and forms.

As soon as the force of the arterial action is broken, blisters, *applied over the liver and stomach.*

Whenever a stimulant becomes admissible, quinine.

Later in the disease, stimulating expectorants, more especially the senega, combined with gradually increasing proportions of sanguinaria, still continuing the quinine. It has seemed preferable to us, that the quinine, in the advanced periods, should be given so as not to exceed from five to eight grains daily.

During many cases of convalescence from pneumonia, when all decided febrile action had passed, but consolidation remained, we have seen decided benefit from the internal use of the iodide of potassium, by no means a novel practice, but one concerning the efficacy of which many practitioners are sceptical.

We are, however, passing beyond the limits we had assigned ourselves, our intention having been, simply and briefly, to call attention to the manner in which inflammatory action of the lungs might be modified by preceding miasmatic exposure, and to enquire what modification of treatment might thereby become necessary.

Western Branch, Norfolk Co.,
December, 1852.

From the Dublin Quarterly Journal, Nov., 1852.

Iodide of Sodium in Constitutional Syphilis.

Dr. GAMBERINI, of Bologna, has written a paper on the use of iodide of sodium in the treatment of constitutional syphilis, which he concludes with the following resume :

1. Soda being a very common ingredient in our organism, the iodide of its base appears best suited to the human system.

2. The taste of the iodide of sodium is much less disagreeable than that of iodide of potassium.

3. It is less likely to occasion iodism.

4. It is better borne than the potassium salt; and in consequence of this, its dose can be almost daily increased, and it thus becomes a more efficient remedy.

5. It has sometimes succeeded, when the iodide of potassium had failed.

6. We may commence by giving daily, in three equal doses, a scruple of the salt dissolved in three ounces of distilled water, increasing the strength of the solution every two or three days by six grains. More than two drachms a day are thus sometimes taken without inconvenience.

7. The iodide of sodium is admirably adapted to the cases in which the corresponding salt of potassium is indicated.

8. The iodide of sodium is the best substitute for mercury.

From the Buffalo Medical Journal.

Pneumonia. By SMELFUNGUS.

"During the angry controversy between the Nominalists and Realists, certain offensive books were ordered to be chained in the libraries. It were well if, by a similar decree, nineteen twentieths of the materia medica were locked up in the cabinets of the curious."—PROF. ABNER H. BROWN.

SMELFUNGUS, standing, a few days since, on the icy bank by the little watch-house, beside the railroad bridge at Portageville, upraised his hat in reverence to the mind that planned it. There stood the bridge, a structure, firm, sure, and steadfast, yet light, graceful, and symmetrical. Down hundreds of feet in the abysm flowed the dark river, fretting about the solid piers, where,

> "Far, far beneath the vast incumbent pile
> Slept the broad rock!"

"Here," he exclaimed, "here, at last, is the true emblem of medical science. Every stick in that vast congeries of trestle-work is isolated, and capable, in event of decay, of removal and replacement by another. On no one timber rests any special importance. Any worthless piece may be cast aside without detriment to the unity of the whole. And so in medicine. Our temple is not built of impoverishable materials, neither does the safety of our art rest upon any one fact, medicine, or theory. In the progress of discovery our facts may become worthless, our medicine inert or hurtful, our theories the 'base fabric of a vision,' and still the goodly structure stands; for a new and truer fact is substituted; by a better interpretation of nature, we have some better treatment of disease, and for our withered theories we gain some surer basis. No mortise or tenon is in the edifice, and the casting out of an erroneous idea does not involve the destruction of its neighbor, or endanger the stability of the whole.

"Therefore, oh watchman! scan closely all the parts—reject fearlessly all decayed and broken elements. Go on, ye builders, taking from and adding to, until the temple of Esculapius stands a perfect whole, of solid and enduring material!"

Having had an easy delivery of these pregnant remarks, Smelfungus retired to the Lauman House to warm his feet and get a cigar. Once thoroughly warmed, and under the influence of a specially good cigar, he went into a discussion of medical matters—things new and old—with all that homely enthusiasm for the good, and peppery indignation for the bad, that characterize him.

"*In medio tutissimus ibis*, said the olden poet, and ever since, like wine long kept, the pithy adage has grown richer and more truthful. In all the little eddies and whirlpools of medical enquiry, (with little great men floating like chips upon the seething waters)

we recognise two mighty currents, deep flowing and rapid in their diverse ways, unlifting huge contentious waves of difference. The one of these sweeps on with gathering force against old theories, and already it threatens the gorgeous though composite pile of our old materia medica with destruction. And this is the tide, or the gulf-stream, or, if you please, the all-enveloping maelstrom of natural medicine."

Here Smelfungus sticks in his allegory, and like Mr. Macawber, descending abruptly from his lofty periods, he "docks the tail of sentiment."

"In short," (growing red in the face,) "here are two separate packs of fools annoying sober men with their nonsense. Here is one class, who tell us that medicine is an invention of the enemy —who call aloud for another Hercules to turn another Alpheus through these Augean stables, the apothecary shops, and sweep from the learned shelves the latin-labeled drugs, as things of no account or value. Oh ye cold blooded animals who look upon a patient as an interesting specimen of natural history, and turn a deaf ear to his earnest cry for pills and potions—*the world loves medicine!* Man, quoth Cuvier, (?) is a pill taking-animal, and you who deny this first want of his nature he will not call upon.

"And yet woe to the poor patient, if, in shunning the natural historian, he falls upon the other extreme of unlimited control over diseased action by medicines! He will surely find himself *in extremis!* These men of blood and guts, who remove a pint of disease from a hole in the brachial vein, and a half a gallon more *per anum*, are worse than their do-nothing antagonists. They are no rare birds either. I have a dozen in my circle of acquaintance whose latest author is good old Dr. Thomas. Why sir! when my poor friend Dr. T. was coming down with consumption, we met in consultation, a half a dozen brother chips, when, as the youngest man, I was first called on for an opinion, I proposed such a mild fabrifuge, anodyne, and counter-irritant course, as should allay the pressing inflammatory symptoms then present, and restore the tone of the stomach, old Dr. W.'s gray hairs stood up in mingled wonder and disdain. 'Give him an emetic!' thundered the doughty old Hunker. 'He's got the consumption, *that's* the treatment for consumption, and *that* will do him good!' The good old gentleman evidently fancied that poor T. was going to puke up a phthisis pulmonalis! And every day, with younger men, we see this same insane notion of a routine of pills, powders, and emetics, for a disease of assimilation.

"I would to God," (and Smelfungus crushes his cigar in his righteous indignation,) "that I had the power to make these men read, learn, and inwardly digest the whole of Martyn Paine's abstrusely learned volumes!* After such a course as that, I fancy

*"Man's inhumanity to man
Makes countless thousands mourn,"

they would turn to our light periodical literature with a relish which they do not manifest at present.

"*Quo me vehis?*

'Prone to wander, Lord I feel it.'"

sings Smelfungus in answer to a gentle hint as to the subject matter of conversation, "and if my text be true, I have been wandering in dangerous paths. Now let us go back to this middle ground if we can find it.

"The revelations constantly making in the natural history of disease, have taught all seekers after truth, that medicines are not the actual necessities we have deemed them. Yet it does not hence follow that they are, *per se*, useless or injurious. One great general principle may be laid down, viz., that when we can with safety omit a medicine, it is our duty so to do. But this word safety, should imply not only immunity from death, but from unnecessary suffering. I like much, (always excepting a certain timidity in its tone,) the article on pneumonia, in the last 'Braithwaite,' by Dr. B. R. Todd. Dr. Todd proposes to strike out from the list of medicines in this disease, all the weighty items, such as tartar emetic, calomel, blood-letting, etc., and to substitute for them, in increased doses, a medicine long used in pneumonia, but considered merely as an adjunct, viz., the acetate of ammonia given in six dram doses. Externally he makes frequent use of the turpentine stupe. Thus Dr. Todd relieves from the use of drugs frequently hurtful and unmanageable. By some process of reasoning, not very lucid, he connects this change of treatment with the idea of blood poison.

"Smelfungus will help Dr. Todd through in this matter. Perhaps this blood poison may be an excess of albumen in the fluids. We have been in the habit of calling the albuminous sputa of pneumonia the result of inflammation, but the occurrence of critical albuminuria in this disease would seem to indicate that albumen was in excess throughout the system, independent of phlogistic action. Dr. Smelfungus stands ready to receive the thanks of Dr. Todd for this explanation. But, seriously, the presence of a poison in the blood has something to do with pneumonia typhoides, and who can tell us the pathological differences between that and the acute form.

"The self-limitation of pneumonia, is another idea advanced by Dr. Todd. Now I have had the good fortune to see several cases of this disease, which, from the stupidity of the friends, had no medical treatment until the occurrence of bloody expectoration, in the second stage, alarmed them. In all these cases, the disease had reached its acme, and was on the decline, having involved only a limited portion of the lower lobe. Now, my good Sir Hunker! these cases (three or four in number) are, so far as they

go, positive contradictions to your pet notion, that an inflammation once lighted in the lung, will spread like wildfire through its whole parenchyma. It may do so, mind you, but you may safely draw the conclusion that the almost uniform departure of the inflammation at a certain point in the lung, is not *all* owing to your own skill. For if you have such unlimited control over inflammation, why can you not bring it to bear on an erysipelas, or a synovitis? As Allapod says, 'hence we view,' that you do not in every case cut short the disease with your routine of blood-letting, calomel, antimony, and blistering. *It cuts itself short*, and therein only manifests its natural tendency.

"Shall we, then, abandon blood-letting in pneumonia? Even so; for it is generally unnecessary. Not so; for cases there be when the delirious mind grows rational, the swollen countenance natural, and the choked and labored pulse grows soft and easy, from the lancet.

"Shall we abandon calomel and antimony? Again yes; and again no; for cases will occur, when every means that science can prompt or art direct, are necessary to guide and govern the lava tide of inflammation, to prevent effusion and abscess, and the whole dark array of *sequalæ*.

"And blistering;" and Smelfungus speaks tenderly, as a lover of his mistress, "blisters are always good, and never disappoint us." If, in all the nauseous scented armamentaria of therapeutics, there is one thing that Smelfungus is willing (metaphorically speaking) to take to his heart, it is Emplastrum Catharidis! He loves his blisters as fervently as old Dr. Clysterpipe his syringes, for the old man based his claim to Christian character *on the love he bore his enemies*. Pardon the pun!

"Sir Hunker! from premises like this we predict the dawning of a milder day. Pneumonia is still, and ever will be, a disease eminently requiring the guiding hand of the physician. The old (and we may still call it the usual and authorized) treatment of pneumonia, is a club in the hands of Hercules, wherewith we may deal mighty blows. But a pounding less severe will answer in a majority of cases, and we shall yet learn that a rat trap is no better than a smaller tool for catching the 'small dear' that infest our crania.

"Listen, then, to the truthful lesson! Pneumonia is, in a majority of cases, a self-limited and little dangerous disease, but it should be closely watched, lest, as sometimes happens, the diseased action may not stop at the usual point in the lower lobe, but rage on unchecked throughout its utmost borders. And mark you, man of the lancet! He who cures a pneumonia predestined to occupy a whole lung, does a goodly thing, and may congratulate himself. Here come in your whole catalogue of remedies. The God Antiphlogos alone is mighty to save!"

From the New York Med. Times.

Case of Portal Phlebitis. Reported by C. E. Isaacs, M.D.

On the 4th of January, 1853, I was requested by Dr. Blakeman, to make a post-mortem examination of the body of a man aged 25, who, for some five or six weeks previously, had complained of "dyspeptic symptoms," and occasional attacks of colic. On the first of December, while working in his store, he was seized with very severe and griping pains in the bowels; these were relieved, at the time, with brandy. He took, the next day, some of Lee's pills, followed by castor oil, which, however, did not operate until three days afterward. Dr. Blakeman was called on the 8th, and found him complaining of some slight derangement of the stomach, want of appetite, etc., etc. Calomel and rhubarb were given, and operated easily and freely, with much relief. The bowels remained unusually open for several days after. On the 12th, the patient felt so well that he went out to visit some of his friends, but the pain in his bowels returned, and he sent for his physician. He found him free from his pains, which he described as having been very severe and spasmodic, with a feeling of constriction around the abdomen. These symptoms continued, with intermission, for several days. There was no swelling, nor distension, nor any tenderness on pressure, although repeated examinations were made with reference to these points. He could not lie on his right side, and severe dragging pain was felt whenever he attempted to do so. It should be mentioned, that when first taken sick, he experienced a slight *chill*, that he had four chills during the progress of his disease, and that they were about one week apart. The first was not followed by sweating, but the others were so. The last *chill*, was on the twenty-fifth, lasted one hour, and was followed by the most profuse sweating. Previously to this, the patient had sat up, and walked about: but after this occurrence, he was entirely confined to his bed. He could sleep only by taking large doses of morphia, to relieve pain. The pulse, during the course of the disease, was about 80, but after the last chill, rose to 120, and upward, and so continued until his death.

With the griping pains, there was occasionally nausea, and sometimes vomiting, during the whole continuance of the disease; but, generally, the appetite was tolerably good. The skin was usually moist and cool. He had, at times, during his illness, passed bloody urine; occasionally it was loaded with lithic acid, would suddenly become clear, and again bloody, etc., etc. Pyemia was diagnosed by Drs. Blakeman and Post, some days previously to death.

Post-mortem. Present. Dr. Blakeman, Professor A. C. Post,

and Dr. Eastman of Owego. The omentum was very thin, and spread out over the surface of the intestines. On raising it up, a large drop of purulent matter was perceived, which induced me to make the examination with great care and caution; and it was at length ascertained that the upper part of the ilium had passed through a rupture, or opening, in the omentum; and had been *partially* strangulated by the latter. Above the constriction, the jejunum was very much distended, being nearly as large as the colon, while below, the ilium was of the usual size; abscesses existed throughout the mesentery, and purulent matter in its veins. On removing the liver, and laying open the *vena porta*, this vein was found to contain purulent matter. A mass of coagulable lymph, and partially discolored blood was tightly adherent to the internal serous lining of that vessel. On cutting across the liver, in various directions, pus issued from the cut orifices of the branches of the portal vein. The hepatic veins were healthy. The spleen, where cut across, showed *various* points of purulent matter throughout its substance. The matter from the portal veins, and also that from the spleen, was examined microscopally by Dr. Clark, and exhibited very clearly globules of pus. Above the constriction, jejunum was more vascular than natural, and there were some flakes of coagulable lymph on its outer surface. The kidneys were not remarkable, but on pressing on the cut surface of the pyramidal portions, semi-purulent matter could be pressed out. Blood was extravasted in small spots under the mucous membrane of the bladder. The other organs were in a healthy condition. The constriction had been partial, —not enough to entirely interrupt the passage of substances through the small intestines, but sufficient to cause obstruction to the intestinal circulation, and consequent inflammation of the portal veins with abscess of the mesentery.

From the Southern Journal of the Medical and Physical Sciences.

A Case of Artificial Urethra and Puncture of the Bladder.—By John D. Winston, M. D., of Nashville.

Sometime in the Spring of 1845, and while living at Columbia, Ky., I saw R M. W., a youth aged about twenty years, the patient of my relation and partner, Dr. Caldwell, now of Louisville. He was suffering intensely from suppression of water, caused by stricture of the urethra, the result, as I understood from the doctor, of long continued and badly cured gonorrhœa. Finding the introdution of the catheter impracticable, he was soon relieved by means of the lancet, warm bath and nausients. The recurrence of the paroxysms had been frequent and severe, for which almost every variety of treatment had been used,

such as bougies, cauteries, constitutional remedies, &c., Also the suggestions of Profs. Gross and Dudley, under whose care he had occasionally been, had all been brought to bear on his case, without the least prospect of anything like permanent relief. Under these circumstances, Dr. C. proposed relief by a division of the strictures. Accordingly, in a few days, Dr. Harding and myself being present, he operated, dividing two strictures, as well as I recollect, near the bulb of the urethra and attempted to introduce a catheter through which the urine, should pass while the parts might heal. But this, alas! he failed to accomplish; and as the patient was now urinating without difficulty, nothing further was attempted. Truly an unenviable condition, far worse than before the operation.

The second day after, and just forty-eight hours from this operation, during which time Dr. C. had not left him, I was hastily summoned to the case, found no water had passed for thirty-six hours, the bladder distended to its full extent, and his suffering, almost intolerable. To puncture the bladder through the rectum, at which point it could easily be felt, or by the upper operation, would have afforded at best but momentary relief. In this emergency we proposed forcible catheterism, as described by Brodie, a division of the parts as near in the direction of the natural passage as practicable, back and into the bladder.

At the request of Dr. C. I operated, by placing my left forefinger in the rectum, the other on the top of a spear pointed bistoury, dividing the parts back till the tense tympanitic bladder was felt, which I entered with a bilateral sweep, dividing, as I supposed, the seminal vessels, which time has proven was done. The water discharged, a catheter was introduced from the end of the penis through the new opening into the bladder, and there retained forty days, the time required for the complete healing and continuity of the parts. After the operation I saw but little of the case; leaving it almost exclusively in the care of Dr. C., by whose skill and unremitting attention he was soon recovered, has ever since been free of any thing like stricture, has married, is still living, and the father of several children.

I took no notes of this case at the time it occured; and although to my mind it presents some points of interest, should not now, or perhaps ever have published it, but for the fact of a casual conversation I had a few days since with a much esteemed and able practitioner of this city, in reference to a case then under his treatment; the management of which involved a point he doubted the practicability of making, and as I conceive was fully settled in the cure of my patient. The case to which I alluded was one of imperforate anus, in which he feared that if an operation was made so as to reach the bowel, it would re-

main an irritating and suppurating surface, unprotected by mucus membrane, and an involuntary flow of the fœces for want of a proper sphincter, would be the result.

I entertain no such doubts; nothing of the kind certainly ever occured in the above case. For the newly formed portion of the urethra, although made through ordinary muscle, cellular tissue, &c., healed rapidly, and was when healed and has continued to be as well protected by mucus membrane as any other portion of the urethra; otherwise it would, at some time, have exhibited some signs of irritation, which, so far as I am informed, has never been the case. Nor has incontinence of the urine ever occurred, proving conclusively, that although the bladder, in its highly distended state, with the neck thrown far upwards and backwards, must have been entered considerably below the neck, perhaps not less than from one to two inches, yet at that point a sphincter was formed, or something that answered the purpose as well. Even more. The divided vassa defferens, accomodated themselves to the new opening, performing their functions in common with every other part concerned, as harmoniously and healthily as though nothing had occurred. Otherwise emasculation in effect would have been the result, and he could not have propagated his species as he has done.

From the Western Journal of Medicine.

Antiperiodic Properties of the Humulus Lupulus.—By W. Y. Gadberry M. D., of Benton, Miss.

As a substitute for quinine is a great desideratum on account of its enhanced market value, I have thought a brief notice of the antiperiodic virtues of the humulus lupulus, or common hop, might not be unacceptable to the profession. I am not aware that any author has ascribed to this plant any such virtue. Having used it for nearly two years, I can confidently state that its antiperiodic properties equal, if they do not exceed, those of any other article of the Materia Medica with which we are acquainted, quinine alone excepted, and, indeed, in my experience, it has often succeeded in arresting intermittents, after that remedy had failed. It is harmless in its effects, and will often be borne by patients who cannot take quinine.

Every practitioner is aware of the advantage of combining an anodyne with antiperiodics, and by reference to the works on Materia Medica, the reader will see that hops possess these properties. When administered alone the infusion is preferable, and should be made of double the strength prescribed by the Dyspensatory. One ounce infused in a pint of boiling water, may be

taken during the interval, or a larger quantity if necessary. If the secretions are properly regulated, and there exists no enlargement of the spleen, it will rarely fail to effect a cure of tertian or quartan ague. It has not succeeded so well in the cases of quotidian type as in those of more protracted intervals. The tincture was used alone in three cases, successfully. The following combination is worthy a trial by all who desire a safe and efficient substitute for quinine—

℞.—Tinct. hops, tinct. Peruvian bark, aa℥jv.
Pulv. black pepper, ℥ss.

To be given in doses of half an ounce every two hours, during the interval.

My limited experience will not justify an opinion upon the antiperiodic virtue of lupuline, not having used it except in combination; prefer it to quinine alone, on account of its soothing effect upon the nervous system. The hop is indigenous to this country, growing abundantly in almost every garden, and if I have not over estimated its antiperiodic virtue, it will prove a blessing to the poor, in whose welfare the physician should always feel a special interest.

Case of a Female, the mother of seven children, who had never menstruated.—By S. T. Gregory, M. D. With Remarks by C. D. Meigs, M. D., Professor of Midwifery in Jefferson Medical College, Philadelphia.

To Isaac Hays, M. D.
Editor of the Am. Jour. Med. Sci. March, 20 1853.

Sir: I lately received a letter from Dr. Gregory, of Warrenton, Missouri, which appears to me so interesting as to merit a place in your Journal. It does not seem necessary to publish the whole of the communication, with which Dr. Gregory has favored me. I therefore beg to offer for your press the following extracts:—

Warrenton, Missouri, Jan. 18, 1853

Prof. Charles D. Meigs, M. D.,

Dear Sir: *Quere.*—"Is a woman who never menstruatad capable of conceiving and bearing children?" This is a question that has oftentimes presented itself to my mind; and, from all the information I possessed on the physiology of menstruation, I unhesitatingly decided in the negative. And, I will farther state that, for fear my opinions upon the subject were incorrect, or too hastily arrived at. I spared no pains nor labor to consult the highest and most reliable authorities (both French, English and American), but could find but little, however, in favor of the proposition; and nothing in the main, satisfactory or conclusive. It was my good fortune (if I may be allowed the expression) in the summer of 1846, to meet with a case just in point. I was consulted by

Mr.——, an account of his wife, who he informed me, had been complaining for some weeks of the following symptoms: costiveness, headache, sleeplessness, eructations, &c., &c., Thinking that the symptoms as described, were the results of indigestion, I prescribed a few pills of extract. colocynth. comp. with extract. hyos., and an antacid and tonic, to be taken *pro re nata*. After recommending the above treatment, I accidently asked him the further question, "if his wife was regular in her monthly courses?" and to this he gave me the following reply: "In that respect, Doctor, my wife is very curious. From all I can learn, she is not as other women. She has never been in that state since we were married, and she assures me that she never was before marrying." He stated that she was the mother of six living children (all boys), and that she was then far advanced in pregnancy. As I had attended her in several previous labors, he also requested me to attend her again. To this I readily consented, and in due time, I was called upon. Thinking that he had probably been deceived in relation to the condition of his wife, I thought this would be a most auspicious opportunity to learn the facts from the lady herself. She was safely delivered of a well-formed male child, without an untoward symptom. So soon as delicacy and a sense of prudence would admit, I related to her the conversation I had had with her husband some months previous, and she assured me that all he had said on the matter was true to the word.

She stated that she had never in her life been unwell, like other women. She had never experienced the usual symptoms preceding menstruation. She had never been troubled with any vicarious discharge, except twice, when she threw up some dark grumous blood. Her general health had usually been good—so much so, that she had been able, most of the time, to attend to domestic affairs without much assistance. Now this was certainly a novel case to me, and one that I felt much interest in. It also satisfied me that, while it is almost as natural for a woman to menstruate as it is for her to breathe, yet now and then cases do appear where women who have never menstruated may conceive and bear children. These cases may certainly be considered anomalous.

In conclusion, let me ask you again, to pardon me for thus intruding upon your time and patience with this uninteresting letter; and, with considerations of the greatest regard, believe me yours, very respectfully,

S. T. GREGORY.

After reading the above extract from Dr. Gregory's letter, it appears to me necessary only to make the reflection that as fecundation without a previous act of ovulation, is not to be deemed possible, this lady was the subject of the germ-producing act as fully as any other woman can be—and that, as the menstrual discharge is nothing more than a simple physiological effusion of

blood, determined by the processes of ovulation, it is for many women indifferent whether the sanguineous discharge does not coincide with the oviposit.

Probably, menstruation consists, more essentially in the periodical oviposition, than in the bleeding from the womb that attests the progress of that important office. In Dr. Gregory's patient, no visible signs of menstrual hyperæmia have ever presented themselves, save only those we observe as to the conceptions and gestations, which are the most characteristic of them all.

In this case, we have no greater reason for surprise at the absence of the catamenia, than we have in the instances, very numerous, of women who never *see* after the first conception, until, after numerous lyings-in, they cease to bear children, whereupon they prove to be exactly regular, as it is called. But such women were always exactly regular in the oviposition—though they never exhibited any *show* of it until they ceased to conceive.

Upon the whole, Dr. Gregory's case is well worthy of perusal. But let the reader beware not to found upon these interesting facts a decision as to the question, whether a non-menstruating young woman is marriageable or not. I have met with too many instances of total absence of the uterus in married women, not to feel how necessary it is, in all such doubtful questions, to have the facts of the case clearly understood, before a professional sanction is given to a union that cannot but produce unhappiness, where abnormal development by default, renders the marriage hopelessly sterile, and the rite impossible.

I am sir, with great respect, &c., &c.,

C. D. MEIGS.

Death of Professor HORNER.

WE copy the following sketch of our old preceptor, Dr. W. E. HORNER, from the *Medical Examiner*, April 9.

DR. WILLIAM E. HORNER, Professor of Anatomy in the University of Pennsylvania, died at his residence in this city on the 13th of March last, in the 60th year of his age. His death, though somewhat sudden, was anticipated by his friends and family for some weeks; and, indeed, for many years, we believe, it had been apparent that organic disease was making slow but sure inroads on his naturally vigorous constitution.

No death, in the profession of this country, could have excited a more general sensation than that of Dr. Horner. Connected for thirty-three years with the University of Pennsylvania, as the adjunct and successor of Physick, he stood in the foremost rank

among our teachers of national reputation; while he was no less widely known as the author of Treatise on Special Anatomy and Histology, as a constant contributor to our periodical medical literature, and as a skilful, original, and successful surgeon.

Dr. Horner was born on the 31st of June, 1793, at Warrenton, in Fauquier county, Virginia, where he received his early education. He afterwards spent some time in an Academy at Dumfries, in Prince William County, in the same State, where he remained till his seventeenth year.

In 1810, he commenced the study of medicine with Dr. John Spence, of Dumfries, a Scotch Physician and graduate of Edinburgh, who enjoyed considerable reputation as a practitioner.

In the autumn of 1812, he attended his first course of lectures in the University of Pennsylvania, and soon evinced his predilection for the study of Anatomy, being occasionally employed in assisting the Demonstrator of Anatomy in the preparation of Prof. Wistar's lectures.

On the 3d of July, 1813, he obtained a commission as Surgeon's Mate in the Army of the United States; and was appointed to the regiment stationed at Fort Mifflin, near Philadelphia.

In the Spring of 1814, he graduated at the University, having presented an Inaugural Essay on Gunshot Wounds. He was ordered in the summer of this year, to the Niagara frontier, and was actively employed at Buffalo, Niagara and Fort Erie. Our readers are familiar with his spirited and instructive reminiscences of this campaign, published in late numbers of the Examiner,

After the peace, in 1815, he was stationed at Norfolk, but he soon after resigned his commission, and returned to his native town, Warrenton, Virginia, where he entered upon the practice of his profession. It was not long, however, before he decided to seek a wider sphere, and, in November of the same year he settled permanently in Philadelphia.

Dr. Horner's advancement here was almost without precedent in rapidity. A stranger, without interest or influence, within two years from his establishment in Philadelphia, he entered the University as Demonstrator of Anatomy, under the most distinguished of American teachers; and three years afterwards, (in 1820,) he was appointed adjunct Professor of the same branch. In 1831, on the resignation of Dr. Physick, he was elected Professor of Anatomy in the University, and discharged the duties of this chair till within a short period of his death.

From the date of his appointment to the adjunct Professorship, he devoted himself to the formation of an anatomical cabinet, which has gradually become one of the most splendid and complete in the world.

As a lecturer on Anatomy, Dr. Horner was distinguished for clearness, perspicuity, and simplicity of style, a thorough famili-

arity with his subject, which secured entirely the confidence and attention of his hearers, and a manly, unaffected delivery. As a *teacher* he had no superior, (as we can bear grateful testimony.) To oratorical talent he made no pretensions, and had no claims.

Though up to a short period of his death, Dr. Horner continued in the steady discharge of his professional and other duties, he had for years suffered from dyspnœa, palpitation, and other symptoms which left little doubt that he labored under cardiac disorder; and the emaciation of his frame made it evident that it was producing serious derangement of the functions of nutrition. For some weeks preceding his death, dropsical effusion had appeared. And, though within a day or two of his death, he was able to participate in the examination of students for degrees, yet we believe that neither himself nor his family entertained any hope that his life could be long protracted. The immediate termination, was, however, somewhat unexpected.

The *post-mortem* examination confirmed the diagnosis of disease of the heart. It was found very considerably hypertrophied and enlarged, being five and a half inches from the apex to the origin of the pulmonary artery, five and three-quarter inches in diameter, and thirteen and a half inches in circumference at its base. The tricuspid and mitral valves were healthy. The arch of the aorta was dilated and thickly ossified. There was also recent peritonitis, with streaks of fresh coagulable lymph over the peritoneal surface of the intestines. Perforation of the stomach or bowels has been suspected, as the cause of the peritonitis, but no traces of this lesion were found.

Dr. Horner's death, at this comparatively early age, is a loss which the profession of our country feel severely. As an anatomist and surgeon, the worthy successor of an illustrious predecessor, his place must long be vacant. But if not full of years, he went full of honors, leaving an unstained reputation in every personal and professional relation. It is gratifying too, to know, that his labors were not without that rare professional recompense—an ample fortune, which he owed exclusively to his own exertions. No man could have closed life under more consolations; and that greatest and best of consolations, a firm Christian hope, had been long and well secured.

From the Philadelphia Medical and Surgical Journal.

A Case of Constipation, with vomiting, &c. By HENRY YALE SMITH, M.D.

ON the 17th of June, 1851, I was visited at my office by Mr. H., aged 35 years; he gave me the history and symptoms of his case as follows:—In the early part of the night previous he began to suffer from pain in the abdomen, which progressively increased in severity, with occasional remissions, until 9 o'clock A.M., when

he deemed it proper to call on me professionally. I then ascertained that his bowels had not been moved for four days prior to the attack, for which he had taken a gentle aperient. Finding it had not operated, four Comp. Cath. Pil. were ordered, with the understanding, should the bowels not be opened in two hours, to have administered the enema of castor oil and turpentine. At 2 o'clock P. M. a messenger was despatched requesting my attendance. On obeying the summons, I found the pain increased. Quarter of a grain of sulphate of morphia every half hour for two hours, with sinapisms to the abdomen, was ordered. The pain was in some measure alleviated, until 11 o'clock, but from that time continued up to my visit the next morning at 8 o'clock. I then covered his abdomen with fresh sinapisms, gave an enema of turpentine with gruel; after which xx grains of calomel were given him, followed by 8 gr. ij. of Croton oil made into pills. He took during the morning two grs. of sulph. morphiæ. Occasionally he vomited, but this was not a prominent symptom and seldom occurred, save when fluids of medicine were taken into the stomach; that which was thrown off was a turbid, mucous fluid. Frequently he would rise to his chair with the view of easing himself; at the same time would press down, but to no purpose, nor did any flatulence or wind come from the bowels. 11½ o'clock A. M. a bottle of citrate of magnesia was given, also an enema of soap, ol. ricini and turpentine. 3 P. M., eight wet cups and four dry cups were applied over the seat of pain, followed up by warm fomentations, &c. The relief obtained from the cups was but temporary, as the pain returned in a few hours. I again visited him at 8 o'clock P. M. and found him as bad as ever—the abdomen was universally tender on pressure, but not so much as prior to the cupping. He was evidently much prostrated, skin warm, tongue furred and dry, pulse quick and wirey—about 120. Fearing to give any more cathartic medicine, I left him, saying that I would return again at 11 o'clock that evening, at which time I did, armed with a flexible tube. The patient was placed on his hands and knees, and the tube was passed into the rectum with considerable difficulty, being detained several times by obstructions, which yielded to gentle pressure. About a pint to a pint and a half of lukewarm water, with two ounces of lamp oil added, was injected through the tube into the intestines, when he complained of a sense of distension and an irresistible desire to evacuate the bowels. When the syringe was removed from the tube, a portion of the injected fluid came away through the tube, containing numerous small flocculi of mucus tinged with fœcal matter. About five minutes after removing the stomach tube, he passed about half a gallon of the injected fluid, containing solid fœces of a dark brown color, from the size of a hickory nut to that of a walnut, which occurred with considerable pain; two subsequent evacuations oc-

curred through the night, with little or no pain. On visiting my patient the following morning, I found he had rested tolerably well between three and six in the morning; his pulse was about 95, abdomen slightly tympanitic, still tender on pressure; being much prostated, he complained chiefly of a sense of weakness, for which the ordinary remedies were used.

From the Southern Journal of the Medical and Physical Sciences.

Diet as a Remedial Agent in the Treatment of Disease.

It was a quaint maxim of the late Dr. Armstrong that "rest and starvation are the best tonics in the world." According to our own experience, a proper diet is as important to the the successful treatment of disease, as the employment of medicines. So indispensible indeed, is a judicious selection of diet, to the success of any species of medication, that it is difficult in many instances, to determine whether more credit is due to the medicines employed, or to the dietetic management of the case. In fact, no medicine is capable of exerting its beneficial effects, to the fullest extent, and of impressing the system, either locally or generally, to the full measure of its specific virtue, if uuaccompanied with a strict observance of a well regulated diet. It is the besetting sin of a large majority of young practitioners, upon their first entrance into practice, to attach an undue importance to the efficacy of medicine, and to overlook or depreciate the value of dietetic treatment. They are too ready to attribute an *absolute* efficacy to the medicines employed, without a due reference to the condition of the general system, which may promote or *antagonize* the peculiar action of medicines, whether addressed to the system generally or locally. It is doubtless owing to this fact, to some extent at least, that the observations and experience of medical writers have led to such widely different and unsatisfactory conclusions, as to the value of a given remedy in the treatment of certain forms of disease.

The observations of Sir W. Philip, upon the employment of the minute doses of Mercury in the treatment of several chronic affections, would naturally tempt the young practitioner, to ascribe Sir Wilson's remarkable success in the management of these affections, exclusively to the peculiar efficacy of Mercury; but how few ever have employed this medicine with the same happy results? and why? Doubtless, Sir Wilson Philip was not unmindful of the importance of an accurate inquiry into the peculiarities of each individual case subjected to his treatment before, and the influence of habit and diet, in the development and modification of diseased action, but was quite as careful in selecting and enforcing a judicious

diet, as he was accurate in his diagnosis, and persevering in the employment of his favorite remedy.

It is a remark often made by older members of the profession, that the older they grow, the less medicine they give; which, properly rendered, only means, that as their experience in the management of disease accumulates, they are less disposed to overrate the value of medication, and better prepared to appreciate the importance of a well regulated diet and the influence of favorable conditions and circumstances adapted to each individual case.

Homœopathy, we all know is a delusion, so far as it claims to be a rational system of medicine. But whilst we reject the theory, we must admit, that the strict attention to the dietetic management of disease, so scrupulously enforced by the homœopathic practitioner, is worthy of a candid consideration. If homœopathy has achieved any success in curing disease, it is indebted, almost exclusively, to the superior dietetic rules observed, and to the confidence inspired in the mind of the patient, by the comfortable feelings resulting from a strict regulation of the diet. Indeed, this is the true success of homœopathy in retaining the confidence of many individuals and communities for so long a period of time, and so far outliving the usual term of its kindred delusions.

It is a law in mechanics, that the angle of reflection is equal to the angle of incidence; that action is invariably followed by a corresponding re-action; in morals, that one extreme is sure to beget the opposite; and a similar law holds good in the history of the science and practice of medicine. The "*juste milieu*,"—the judicious middle ground, it is difficult to delineate. The aggregate of the vital forces, in health and disease, in their diversified relations of physical agents, is a complex problem, involving such a variety of propositions, that the human mind will never be competent to its solution. To attain even a comprehensive view of the subject in all its parts, and to be able to assign to each its just importance, in the use of means for the prevention and cure of disease, must necessarily tax to the utmost, the capacities of the most gifted intellect. Between the two extremes of venacavaism and homœopathy, the medical world has been subdivided into a variety of sect, each basing their doctrine and practice upon some favorite text in the Book of Nature, true in itself, but isolated and detached from its just relation to other truths equally weighed, magnified into a superlative importance, and forced to sustain facts not referrible to it, it has become so interwoven with false opinions that in the re-action which sooner or later succeeds, its real merit is depreciated, and for a time grossly neglected. Look, for instance, at the theory of Brown. The value of diaphoresis in the treatment of fevers, is admitted by all; but the rapid resolution of febrile phenomena under the diaphoretic treatment, so fascinated Dr. Brown, with a cetain class of medicines, that he forthwith

jumped at the conclusion, that fever is essentially a spasm of the extreme vessels, and discarding almost every other species of medication, with the enthusiasm of a monomaniac, he administrated antispasmodics and diaphoretics in the most extravagant quantities. The result was, that diaphoretic medicines fell into comparative disrepute.

On the other hand, Broussais, struck with the invariable traces, as he imagined, of gastroenteric inflammation, observed in his autopsies of fever cases, conceived the idea that fever is essentially a gastroenteritis; that all that group of phenomena denominated febrile, was directly referrible to intestinal irritation or inflammation; and with this partial and imperfect conception of the essential nature of fever, he framed a theory and system of practice, which for a time, threatened to annihilate every other medical doctrine. The experience of a few years, however, satisfied the profession generally, that the theory itself was inconsistent with the principles of a sound medical philosphy; and that gum water, leeches, and the "*diet absolue*," though valuable in their proper time and place, were wholly unreliable in the management of fevers. But every theory, based upon the "*one idea*," must be necessarily false. Broussais attached too little importance to the efficacy of medicines, and Hahnneman fell into a most grievous blunder, in attributing a potency to medicine, in the ratio of an infinitesimal subdivision of its atoms; and the only merit that can be reasonably claimed for Homœopathy or Broussaism, must be ascribed to the stress laid upon the importance of a strict dietetic management of disease.

Both, however, it seems to us erred to some extent even here. Broussais relied upon the "*diet absolue*," without respect to the nature and symptoms of disease,—in every case, and at every period of the fever, and under all circumstances, gum water was indiscriminately used. The phantom of gastroenteric irritation, continually haunted his imagination, and he was insensible to the cravings of appetite, or the peculiar instincts of the stomach for any particular article of diet or drink, until the supposed inflammatory condition was relieved. The disciples of Hahnneman rely chiefly upon a prescription of such articles of diet or drink, habitually used by their patients, as they suppose favorable to the developement of disease, and partly upon the assumption that certain articles are compatible or otherwise with the legitimate effects of their infinitesimal doses upon the different organs. A globule of lime, operating upon the system through an indefinite period of days, and permeating with metaphysical subtlety the ultimate atoms of the tissues, and stealthily counteracting the poisonous effects of the insidious poison, and driving it from the system, is supposed to be compatible only with a certain quantity and quality of diet. The character of the medicine employed, is made to determine the quality, &c., of the diet, and hence but little discrimination is ex-

ercised in selecting the diet, farther than to ensure the fancied compatibility of medicated globules.

It is granted that certain medicines are, therapeutically, more or less compatible with certain rules of diet or drink, and that the efficacy of a remedy is oftentimes increased by a judicious diet.—But the importance of a strict attention to the dietetic management of a disease, is not derived exclusively from this fact. A higher authority than Hippocrates has declared, that "the blood is the life of the flesh;" and as the chemical elements and physiological character of this fluid, are more or less affected and modified in every departure from a healthy condition of the human system, it is certain that the blood must constitute an important element in many diseases, in fevers perhaps invariably. The depraved secretions of the skin and mucous surfaces, and of the organs in the three great cavities, present an assemblage of pathological expressions, that determines to a certain extent, the diagnosis of all febrile diseases; and the value of a given remedy is estimated from its efficacy in altering the secretions of a part, or restoring functional integrity to the different organs. In certain diseases, characterized by an undue proportion of the serum of the blood, and a tendency to serous transudation in the several cavities, we ordinarily employ a class of medicines denominated hydragogues—and in conjunction, or perhaps at a subsequent period of the treatment, we resort to carbonagogues, to depurate the blood, or remove the abnormal accumulation of carbonized materials, and alteratives, or (to use a common expression,) medicines "to improve the secretions," and this constitutes the ordinary routine of practice in a large majority of diseases. But at the same time that medical men, in their every day practice, thus virtually admit that the condition of the blood is the most important element in disease, how little importance is generally attached to the efficacy of diet as a remedial agent in the treatment of their cases.—If it be an object in the treatment of fevers, to remove, by means of different medicines, the noxious and effete materials which had accumulated in the blood, as a "*sine qua non*" to the cure, may we not, at the same time, and in conjunction with a judicious course of medication, accomplish the object more effectually, by prescribing such articles of diet and drink, as will co-operate with the medicines in restoring the blood to its normal condition. Certainly a healthly molecular constitution of blood greatly depends upon the quality of the alimentative matter.

Notwithstanding the unjust odium into which the doctrine of the humoral pathologists has fallen, from the extravagant opinions entertained by the humoralists themselves, and the abuses of mercenary quacks, there is probably more real importance in a correct knowledge of the character of the blood, in health and disease, than the most sanguine humoralist had conceived. Why is it,

that in a certain form of disease, the patient should express so strong a preference for a particular description or article of diet or drink above all others? And why should this individual, laboring at a subsequent time under a different species of disease, crave an opposite or different diet or drink? An ague patient for instance, almost invariably relishes oysters, beefsteaks, and other highly nutritious animal diet, rich in fibrinous matter, while the same individual, in an attack of typhoid fever loathes these articles, with almost every other species of solid animal food, and selects butter milk? It is not sufficient to say, that the system in the one case needs a richer blood, than in the other, the fibrinous portion of the circulation requires to be reduced; this is not a satisfactory statement even of the fact itself. Why should an individual, who was last week eating freely of ham and beef, and to-day the subject of typhoid fever, feel a disgust at the bare suggestion of such a diet, and crave an article of diet and drink which perhaps he has no relish for in health? To say that the sense of taste is modified or impaired by the fever, or that such an article is more grateful to the stomach of a typhoid fever patient, is the mere statement of the fact, but offers no satisfactory solution of the cause. An infant of twelve months has been the subject of cholera infantum for the last four months, and is reduced to an extreme of anæmia and emaciation that is scarcely compatible with the phenomena of organic life. Week after week, it has been subjected to another and a different course of medication and diet, until medicines have almost entirely ceased to exert any beneficial influence upon the stomach and bowels; food, of the mildest and most digestible duality, is passed through the bowels in an undigested state, and the medical attendant concludes that the functions of digestion and assimilation are so far impaired, that the little patient must inevitably die of inanition. At this juncture he casually learns from the nurse that for several days or weeks past, the child has been in the habit of crying at the sight of pine apple cheese, an article of diet, perhaps of all others, the most unsuitable for an infant, and difficult of digestion by even the strongest stomach. As an extremely hazardous experiment, but justifiable under the circustances of the case, he consents that the little patient should be freely indulged with the cheese, and forthwith a stomach, which for months past could not digest the mildest, and, under ordinary circumstances, articles of diet the most easily assimilated, readily digests this strong diet, the bowels begin to improve, and the patient, to the suprise of all parties, is suddenly snatched from the very jaws of death, and rapidly restored to health and flesh. Now, this is no fancy case, and the experience of many physicians could furnish many cases similar, if not more remarkable even, than the one described.

There are two points of much interest in the above case, which,

however, we do not claim to solve to the satisfaction of the reader: Why did the child crave the food in preference to any other species of aliment, and how could a stomach enfeebled by constant medication, and impaired by a protracted disease, readily digest and assimilate an article of diet ordinarily so difficult of digestion? The fact is certainly diametrically opposed to the commonly received doctrines and practice of the medical profession, and strangely inconsistent with our general experience. There seems to be a species of instinct in such cases, similar to what we observe in animals, as they select certain species of herbs and grass, and reject others. But where does this instinct reside, in the stomach, the bowels, the brain, or the blood? What faculty instigates the suggestion, that this, or that species of nutrative matter is required by the system? So far as the case of the child is concerned, it could not have been because it had been habitually fed upon cheese, or because the cheese, as a therapeutic agent, possessed any efficacy in curing cholera infantum. In a great majority of such cases, in the earlier stages at least, and even in the ordinary condition of infantile health, no article of diet would be more likely to disturb the stomach and bowels.

The only rational conclusion we can deduce from such facts is, that this instinct, (if it be lawful so to term it,) is an expression of the elective affinities of the blood for certain ultimate or proximate elements contained in particular kinds of alimentative material, which are required by the blood, to restore the defective or imperfect protein element, and establish the normal relation of its constituent parts. In the case of the child with cholera infantum, had the cheese been withheld, in all probability, death would have been inevitable. The physiological character of the blood had been so changed and modified by disease, and the failure of the organs of assimilation to supply the elements requisite to a normal hematosis, that the vital forces were on the eve of suspension. Whether hematosis be the function of the inner tunic of the blood vessels, or endangium, as Dr. Dewees terms it, or an effect of the chemicovital action of atmospheric air upon the chyle, through the medium of the lungs, aided by the assimilating force of the blood globules, is a physiological problem yet to be solved; recent observations, however, seem to have established the fact, that there is in the circulation of every individual in health, an amount of imperfectly assimilated chyle, varying in quantity in different individuals subject to elimination by the several depurating organs, as unsuited to the molecular regeneration of the tissues, and yet not strictly effete matter, as the products of the destructive metamorphosis of the tissues. Now the question is, whether the nondescript chemical element results from incomplete or defective hematosis, or imperfect chylification. In many cases, it may be, that in the absence of a supply of the proper elements, from

primary assimilation, the *chemico-vital elective* affinities of the blood are competent to appropriate this imperfectly elaborated nutritive material, and even to re-arrange and combine the products of secondary assimilation, and restore the blood to a comparatively normal condition.

[*To be continued.*]

From the Southern Journal of the Medical and Physical Sciences.

Remedy for Infantile Asphyxia. By W. P. Jones.

One pleasant afternoon, not long ago, I was sitting quietly in my office, when my cogitations were interrupted by the hasty steps of a large, fresh, Yankee looking gentleman, who said his wife was suffering very much and wanted a Doctor. I followed him, and on the way, was informed by the messenger that he was the husband of the sufferer, and had only been married a few days —an interesting patient thought I, and probably quickened my steps. On arriving at the house, I was conducted into the room, where I soon became apprehensive that the woman, though just married, was absolutely in child birth, and that my services as accoucher, would be brought into immediate requisition. After making the usual examination, and becoming thoroughly satisfied that my conjecture was well founded, and that it was the first presentation, I sat down to await the issue, and was not long detained; for immediately very severe pains supervened, and a fœtus was expelled. Without, however, any other vital indication than bodily warmth, and very feeble, almost indistinct, circulation in the cord.

The ordinary means, such as stimulating baths, inflating the lungs, friction, &c., were used, probably a half hour or more, without any apparently beneficial effect. At this crisis, the father, (or man who should have been,) entered the room, bearing upon his breath the odor of alcohol. I called to him and told him to come and apply his lips to those of the child, and gently blow into its mouth. He looked astonished, and exclaimed: What, me, sir!! Yes sir, said I, you are just the man, come on. He did so. He inflated the lungs and I expelled the air repeatedly; and together we at length succeeded in resuscitating the child, which I am constrained to regard as wholly attributable to the stimulus of the alcoholic inspiration. It is at any rate worthy of a trial, after the ordinary means have failed; and in the absence of a drunken husband, we suggest that the accoucher inhale the vapor of alcohol or spirits or camphor, immediately previous to inflating the lungs of the child.

Clinical Examination of the Urine. A Paper read before the Cincinnati Medical Society, Feb. 1st. 1853. By the President, JOHN LOCKE, M.D., Professor of Chemistry and Pharmacy, in the Medical College of Ohio. and Published by request of the Society.

Gentlemen of the Cincinnati Medical Society.

IN taking the seat with which your partiality has honored me, a seat to which I neither aspired, nor thought myself qualified to occupy, it would be inconsistent with the emotions I feel, not to make my acknowledgements for the distinction which you have, as I am informed, unanimously conferred upon me. I cannot but feel that it were more fitting that some practitioner, learned in authorities, and learned in the experience of years, and at the same time familiar with the minutiæ of the varying epidemics of daily practice, such men, indeed, as I see are by no means wanting in this body, were placed at the head of this society. Indeed, gentlemen, permit me to allude to what you all know and feel that we can scarcely expect to find, a better model than my very gentlemanly predecessor in office.*

Be assured that I hold the office at your daily pleasure, and will leave it quietly and willingly, whenever I know that there is a single dissenting emotion.

My devotion is to physical science, but I so strongly approve of the course of professional improvement which this society has pursued, that I shall abstain from any movement inclining to change its direction. *A society for mutual improvement in the knowledge and practice of the profession of Medicine*, seems to be the acknowledged motto, and while you confine yourselves to this, you cannot go wrong. The world is full of persecution and violence, and it is hardly possible not to take the part of which we conceive to be the injured party. But those wrongs in the professional world, get righted by a little time and patience; and although as individuals we have the right of following the dictates of our judgment and feelings with regard to professional injuries, yet, as a society, it seems to me better in our official action to *avoid being used*, by even the injured. Let us remember that we are not a court of honor for the settling of professional difficulties, a species of Quixotism which would soon destroy itself, without rendering any service to human happiness. Almost every meeting which I have attended has been a model, and the quiet, yet able, manner in which medical subjects have been discussed has reflected honor upon our members, and has lighted up their countenance with an expression of happiness, growing out of conscious improvement. They have evidently felt themselves becoming wiser and happier.

*Dr. Richards.

How interesting it has been to see the profession come together, to confess their sins in cases in which they have failed of success, and to make common stock of the knowledge of the means by which they have been successful in relieving distress and lengthening life! How interesting it has been to see the young practitioner come forward, state a case and the difficulties, and ask for instruction, and how prompt is that instruction afforded by the veterans of our city. One is inclined to ask, is it possible that all this is done in the meridian of Cincinnati, that city in which the profession are supposed to be so hostile to each other? Permit me to congratulate the society, and say to you go on in your good works. Could the community see and know what you are doing without your parading it ostentatiously, it would tend to restore that confidence, which I much fear, has been lost, not without some just cause. By industry and true professional worth you will overthrow charlatanry without making the least demonstration of our attack upon its representatives.

Permit me to change my subject from that of Natural History, as proposed, to one more intimately connected with the practice of medicine. The diagnosis of diseases by the clinical examination of urine.

I present this subject, not because I am master of it, but for the two reasons, that it has been so much improved of late, that it presents itself almost as a new branch of knowledge, and because it is neglected by the profession, though not entirely; for one of our members, Dr. Buckner, alluded to some very properly conducted experiments, at our last, very interesting meeting. Our means of diagnosis of disease, are too limited at best, and even the means which actually exist, are often so partially used, that the most grave errors are committed, both with regard to the nature and the locality of disease. Our secretary mentioned to me this morning the case of a lady, who had been treated for pleurisy, when the passage of a large number of gall-stones showed the disease to have been hepatic. I myself knew a man to have been treated, through a lingering decline, for disease of the heart; when on the post mortem, it appeared that his heart and lungs were sound, but I took 96 large gall stones from the gall bladder, one being lodged in the duct, entirely obstructing it, the bladder itself being distended with bile, and the whole body being deeply tinged by the same substance. Cases of error in diagnosis are so numerous, that it is useless to begin to enumerate them. Every practitioner has read the tales which have been told by post-mortem revelations. Many, very many physicians make a very hasty and imperfect examination of their patients, doing little more than feeling the pulse and looking at the tongue, things which he does so mechanically, that he would not be unlikely to do them if called to a patient who had merely "got a flea in her

ear," A mathematician applies his formulæ so skillfully that when he has reduced a problem he comes to an exact and perfect result. But what physician can see disease in its true and exact forms, through the dark and imperfect medium of diagnostic symptoms. The chemist can analyze a new compound, and can obtain his results with all of the exactitude of which the finest balance is susceptible, but who can rest satisfied with his diagnosis of an obscure case. With the doubting Christian, he must say, "Lord, I believe, help thou mine unbelief."

The fact is, that each case of disease is a problem of research in itself, and calls for a physician to be an acute philosopher, who can apply not only all known means of investigation, but that he shall be skillful in observing all new phenomena, and drawing just conclusions from them. The countenance, expression, color, temperature, dryness, moisture, touch, pulse, auscultation, percussion, local pains, color and appearance of feces; and we may add, color and appearance of the urine, and we may also add, any change of the system from its normal condition, may be used for diagnosis. Many practitioners inspect the fecal discharges, who pay no attention to the urine, likely from a prejudice which they have taken against one of the lowest classes of impostors who pretend to vastly more than can possibly be ascertained from the urine, and at the same time, have no absolute skill to determine what may really be known from that secretion.

In order to be enabled to draw diagnostic conclusions from the condition of the urine, it needs a certain degree of knowledge of its chemical constituents, at least the proximate constituents, and the simpler modes of experimenting upon the subject.

The first points then, are to know what healthy urine is, and how to ascertain its deviations from what may be considered the latitude of its healthy standard.

In doing this, I must recur to elementary principles, and although the apparatus is of my own modelling, and the descriptions I shall give, are from nature, and direct from personal observation; yet I do not claim for this paper, anything more than an attempt at instructing our society in that which has been in general, already known. We need a work, in which all normal conditions should be pointed out, and at the same time the pathological condition correspondent to them, should be stated and the treatment indicated. No such work exists, except very partially, and I must rest satisfied with trying to make some points of this subject tangible to your senses.

The examination of urine may be divided into several distinct manipulations, as follows:

1. Inspection.
2. Acidity or alkalinity by tests.
3. Specific gravity.

4. Inspection after standing—Mucus, &c.
5. Heat—Albumen.
6. Evaporation.
7. Cooling—Urate of Ammonia.
8. Process for Urea.
9. Process for Uric Acid.
10. Examination for sugar.

1st. *Inspection.*—As early as possible after the urine is discharged, it should be inspected by being held up in a clear glass vial or beaker* between the eye and the light of a window. In health, it should be clear of any solid material and of a light amber color.

2d. *Acidity or Alkalinity by tests.*—The state of the urine as regards free acidity, can be determined by means of litimus paper. This paper may be prepared in the following manner.

Having purchased some solid litmus, 4 drachms to an ounce, dissolve it in distilled water, boiling if necessary, in a Florence flask. Place the blue liquid thus obtained, in a common saucer, and having prepared ribbons of white filtering paper, or any clean white bibulous paper, (printing paper will answer,) about three-fourths of an inch wide, draw them skilfully through the liquid and lay them on a frame of sticks or netting of twine stretched over a frame, in order to dry them. If the color be not deep enough, repeat the process of dipping and drying. Take a part of these blue test papers, thus prepared, and dip them in a solution of acid made as weak as possible, to change the blue to an evident red. A few drops of vinegar in a half pint of distilled water, may be tried, and the acidity increased if necessary, to accomplish the purpose. As acetic acid is volatile, a single drop of sulphuric acid in half a pint to a pint of water may be substituted. These reddened papers when dried, are to be preserved as tests for alkalinity, while the blue papers are to be used as tests for acidity. If, on dipping the end of the blue paper into the urine, it is reddened, the urine is determined to be *acid.* If no change is affected on the blue paper, then the reddened paper is to be inserted in the same manner, when, if the red color be changed back again to blue, the urine must be pronounced *alkaline.* If no change is effected on either of the papers, the urine is neither alkaline nor acid, under which circumstances, it is termed *neutral.*

The acidity of the urine, even in health, is continually varying, and its changes have a connexion with the condition of the stomach. Dr. Bence Jones says: "I found that the urine, passed the longest after food, is the most acid."

The general law to which the results obtained by Dr. Jones seem to point is,—that as acidity is entering into the stomach to

*A tumbler or similar glass.

perform the work of digestion, the acidity of the urine is dismissed, and sometimes, even alkalinity is produced; but digestion being performed, and the necessity of acid in the stomach ceasing, the acid is then carried off by the kidneys, and shows itself in the urine. *Almost always, the urine in health is positively acid*, and is merely reduced to a minimum of acidity during digestion, without reaching alkalinity.

Caution.—Practitioners who have got a very slight idea of urinary pathology, are apt to infer, that whenever the urine is acid, they must administer alkalies, and whenever it is alkaline, they must give acids. This erroneous idea might lead them to change their treatment of the same patient six times in one day, while he was at the same time in a state of continued and perfect health. I refer the reader to Dr. H. B. Jones's "Lectures on Animal Chemistry, in its application to stomach and renal diseases," for the method of determining the *degree* or *quantity* of acidity in the urine, in any given case; this being done on the general principle of measuring the quantity of alkali (carb. soda) found necessary to bring a given quantity of urine to a state of neutrality.

By means of the test papers, above described, the operator may determine whether the alkalinity of a specimen of urine, be due to fixed, or to the volatile alkali. When the volatile alkali is present, the blue color restored to the red paper, will disappear on drying and warming the paper so as to expel the ammonia which has changed it. This distinction is important in diagnosis and practice. If the urine be alkaline, by fixed alkali, mineral acids, and tonics have the best effect. But if carbonate of ammonia be found in the urine, *as it is discharged*, inflammation of the mucus membrane may be inferred.

3d. The specific gravity of urine, is an element of great importance in pathology; and as it is easily obtained, it should scarcely be omitted. The most ready way of obtaining specific gravity, is by an instrument made especially for the purpose, called the Urinometer. This instrument can be obtained of Mr. Foster, Optician and Phil. Inst. Maker, on Walnut street, between Third and Fourth streets, Cincinnati, at the price of about one dollar, in a wooden case suitable for the pocket. It is made of glass, and is only a modification of the common hydrometer. It is to be dropped into the urine after it is perfectly cold, (60° is the best temperature,) and the point on the scale of the stem, to which it sinks, indicates the specific gravity. The scale is graduated from zero. (0) indicating pure water, upward to 60, and is figured at every 10 degrees, as, 0, 10, 20, 30, &c. But these readings are understood to have 1000 prefixed to them as follows:—10 implies 1010; 20, 1020, &c. Twenty, viz: 1020, is about the mean standard of health; while 1030 to 1060, indicate the presence of sugar, and that diabetes melitus is the disease to be encountered, still

there may be other solid materials in solution in the urine, which will increase the specific gravity to 1030, or upwards. Excess of urea may do this. The specific gravity of urine may be determ ned by the use of the thousand grain bottle, but not with so much facility as with the urinometer.

4*th. Inspection after standing for several hours, say* 12 *to* 24. In healthy urine there will be a deposit of the mucus from the bladder, which is usully semi-transparent, and appearing like an undefined haze in the lower part of the vessel. The quantity is variable, being increased by the slightest irritation of the bladder, scarcely amounting to disease. This secretion of mucus from the bladder, is in this particular, of variableness, not unlike the mucus secretion from the nose,

By far, the most usual deposit, after several hours, is that of the urate or lithate of ammonia. This appears as an amorphous sediment, varying in color, from nearly white, to a plain drab, reddish brown, or sometimes, rather a bright pink. It can be distinguished from most other deposits, by the facility with which it dissolves and disappears upon heating, or even warming the urine containing it, which may be accomplished domestically, by means of a spoon held over a candle, or better, in the laboratory, by a watch-glass, held over the spirit lamp, by the iron capsule hereafter described.

This deposit, urate of ammonia, often supervenes, upon slight disturbances of the stomach, and depends, in general, on a disproportion between the powers of the stomach, and the food supplied to it. The stomach may be in a healthy condition, but food and drink, excessive in quantity, or unsuitable in quality, may be forced upon it, overtaxing its powers, especially if little exercise be taken at the time, or the food and exercise may be suitable, and at the same time, the stomach may be to weak to complete the digestion. In either case, urate of ammonia will be likely to exist in excess, in the urine. Any condition which calls upon the kidneys to abstract from the system an excess of nitrogenized material, may develope urate of ammonia. Hence, a slight check of perspiration, by stopping the cutaneous outlet of nitrogonized matter, and throwing it upon the kidneys, is often followed by excessive deposites of urate of ammonia*. As urate of ammonia and urate of soda both contain, of course, uric or lithic acid, they are included by Dr. Bird, under the head of the uric acid diathesis. As urate of am monia is the most common of the urinary deposits, so it is that concerning which, most errors are committed by practitioners.

When it is light-colored, it is not unfrequently mistaken for pus, and especially when the urine is discharged, as sometimes happens, loaded, almost thick with this deposit. From pus it is

*See Dr. Golding Bird's Treatise on Urinary Deposits; section 139.

immediately distinguished by its solubility by heat. When of a red color, it is mistaken for the "lateritious sediment," "red sand," or uric acid. From this also, it is distinguished by its solubility by heat. Lithic acid crystals sometimes accompany urate of ammonia, and when this is the case, those crystals can be seen by dissolving the cloud of urate of ammonia by heat, or by allowing the red sand to settle to the bottom, which it naturally does, and decanting carefully the other deposites, proceed to wash the crystals with water; allowing them to settle at each washing, and decanting the fluid, carefully preserving the sediment. The term "brickdust sediment," gives a wrong idea of the crystals of uric acid, except as regards color. "Red sand," is a better term, for like sand, it is heavy, gritty and soluble; but unlike sand, the grains are mostly elongated, sharp pointed, spicular crystals, the form of which can be seen by the naked eye, or by a single lens of 2 inch focus.

A popular error in practice is, that whenever there is a deposite of urate of ammonia, the practitioner proceeds to administer alkaline remedies.

With regard to the use of alkaline remedies, the language of Dr. H. B. Jones is singularly clear and forcible*. I quote his remarks entire:

"The first test to be used is litmus paper. The question you ask, is—what is the state as regards acidity—not as regards the quality only, but as to the quantity? Is it too much, or too little acid? Litmus paper cannot fully answer this question. It can tell whether the urine is ammonical, or alkaline from fixed alkali, or contains little or much acid, but it cannot tell whether the acidity is more than it should be. Simple inspection of the urine, is able to solve this question and that better than any other mode, whatever. There cannot be an excess of free acid in the urine, without the uric acid being set free: though this often requires many hours to crystalise out. If then, you wish to know if the urine is too acid, you must leave the vial to rest for twenty-four, and sometimes ninety-six hours; and, if there be to much acid, red crystals of uric acid will be distinctly seen adhering to its sides, or deposited. The microscope may tell you quicker, but it will not tell you more surely than the naked eye. Whatever the degree of the reddening of the litmus, or the amount of the urate of ammonia sediment, you cannot with truth, speak positively, of an excess of acid being present, unless you see uric acid crystals; and *it is only when free acid is present, in the urine, that alkaline remedies are absolutely necessary.*"

* A fine specimen of Didactic style.

Instead of giving alkaline remedies for the appearance of urate of ammonia in the urine, it would be more rational to consider the cause of this deposit, excess of nitrogenized matter in the blood, and remove it. If it be from indolence and excess of animal food, enjoin exercise and temperance; if from dyspepsia, apply the proper remedy; if from feveror in flammation, in which the nitrogenized tissues are being absorded, and carried out of the system by the kidneys, cure the fever.

Pus.—Purulent matter, besides being distinguished from urate of ammonia, by insolubility, by heating the urine in which it is found, is still further identified by allowing it to subside, decanting the supernatent urine and heating it when some degree of coagulation will ensue. The sediment, the supposed pus itself, is to be treated with a solution of caustic potasa, which will dissolve it into a transparent *ropy* fluid.

Phosphates.—The earthy phosphates, when present as a sediment, are insoluble by heat, but are soluble in ascetic or nitric acid.

Blood Globules.—These, when fresh, are distinguished by their red color, and by their form, as seen under the microscope.—Sometimes it is necessary to allow them to settle into a stratum before their character can be well determined. Hematuria points either to Bright's disease, or to calculi in the kidney, yet it is obvious that ulceration or accidental lesion of any parts of the urinary passages may lead to a discharge of blood, and the diagnosis must be made up from all the circumstances of the case.

MICROSCOPIC.

Spermatazoa.—Their detection requires a microscope with an acromatic lens, and with a focus not more than one-eight of an inch in length.

Oxalate of Lime.—Oxalate of lime crystals, indicative of oxaluria, are found mostly in the form of microscopic octohedra* at the bottom of the vessel in which the urine has been sometime standing. These crystals may be similated by octohedral or cubical crystals of muriate of soda. But the distinction is readily made by transferring the crystals to water, where the muriate of soda is immediately dissolved, while the crystals of oxalate of lime are quite insoluble.

5th. Heat.—Albumen.—It is presumed that albuminous urine is seldom or never so highly charged with the material as to be viscid like the white of an egg, or even the serum of the blood.—Albumen in urine is coagulated either by heat or by nitric acid. To avoid fallacies, the operator should repeat the experiments with each of these agents. The albumen may vary in quantity, from

*An octohedron is a solid of 8 sides, being two four-sided pyramids, united base and base.

that which produces by heat, a mere opalescence to that which causes consolidification approaching the consistence of hard boiled white of egg. Albuminous urine is a characteristic of Bright,s disease of the kidneys, but it may occur in the other diseases, csspecially if it be accompanied by pus.

6*th. Evaporation.—Urea.*—If urine is to be evaporated for the purpose of procuring the urea, the process should be conducted over a water-bath, never allowing it to boil. The tin capsules described in this paper, containing about 1,000 grs. of urine, and placed over the water-bath, of the little furnace, answer well for heating and concentrating urine, but they should never be used where acid re-agents are to be applied. When this is to be done, the material should be first transferred to glass, as into a watch crystal.

The chief object of concentrating the urine, is for the purpose of ascertaining the quantity of urea. It the urine have a high specific gravity, it should be evaporated to about one-half its bulk ; if it be watery, and of low specific gravity, it should be concentrated still further. If on cooling, there be much sediment, it should be filtered through thin muslin. To the clear liquid thus obtained, add, when cold, about one-third of its bulk, of pure nitric acid, which answers best, if it be white, and clear of red fumes, at the same time stirring the mixture with a glass rod, or a splinter of window glass. If possible, the liquid should be made ice cold, after this mixture. The nitrate of urea will crystalize in minute pearly scales, sometimes clustering themselves in granules. I generally conduct this process in a large watch-glass, standing on a piece of ice. After a sufficient time has been allowed for cooling and for perfect crystalization, the superabundant liquid may be decanted, by using a strip of glass to restrain the crystals from running off. After this draining, the crystals may be thrown upon a piece of filtering or blotting paper, laid on window glass, cooled by ice underneath, and be again more completely drained, by inclining the plate. It should be finally dried, by enfolding it in blotting paper, and pressing it closely. All of these operations should be concluded rapidly, with strict attention to keeping the materials ice cold, otherwise the crystals of nitrate of urea will vanish by solution.* It is best not to evaporate the urine more than from one-half to one-third the bulk, or the nitrate will be highly colored. In order to obtain this nitrate as white as possible, it should be washed by a small quantity of *ice cold* water, after draining, and before enfolding in the absorbent paper.

*Cold well wat r may be substituted.

[*To be continued.*]

EDITORIAL.

Synopsis or Systematic Catalogue of the Medicinal Plants of the United States. By A. CLAPP, M. D. Presented to the American Medical Association, at its Session of May, 1852; and published in the 5th vol. of its transactions. Philadelphia: T. K. and P. G. Collins, 1852. From the Author.

THE author has followed in his arrangement of orders, genera and species, Dr. Gray's *Manual of the Botany of the Northern United States.*

Dr. Clapp is a resident of New Albany, Ind., and has devoted much of his time, for the last twenty years, to the study of his favorite science. He has evidently bestowed on this synopsis a large amount of labor. The medical references are mostly American. The work is marred by numerous typographical errors, which, in our copy, has been carefully corrected by the author himself. The catalogue embraces both our indigenous and naturalized plants, and is a valuable addition to our medical literature.

We learned recently that the laurus camphorus has been introduced into Louisiana. The climate and soil are believed to be adapted to its culture, and the experiment so far has been successful. There is also a species of Aristolochia, the wauaco, a native of Mexico, but which has been cultivated on the plantation of Ex-Governor Roman, of La., said to be a specific against the bite of a rattle snake. Experiments have been performed by M. Contois, on dogs and other animals; those treated with the aristolochia recovered speedily, the others died, apparently in great distress. Two negroes were bitten on the same plantation, and were cured by the same means. We mention these facts simply to call the attention of the profession to the adaptation of our soil and climate to foreign medicinal plants. Between Maine and Texas, and the Atlantic and Pacific, we have the soil, temperature, and moisture, of almost all lands. Why, then, may we not produce our own vegetable medicines, at least to a great extent, thereby protecting ourselves against the imposition of adulterated drugs?

We would also earnestly request the profession in the North-West to cultivate our native medical botany, and especially to investigate

the properties of those plants reputed to possess medicinal virtue. The records of the profession are meager, and our knowledge very imperfect. We fear that the appropriation of botanic medicines by a certain class of charlatans, has deterred many from making a judicious use of them, lest they might be ranked in the same category. J.

Fergusson's System of Practical Surgery. Philadelphia: Blanchard and Lea, 1853.

THAT a new edition of this work has been called for, is of itself sufficient evidence that it is appreciated by the American profession. For sale by our booksellers generally.

Soleil's Saccharimeter. By W. P. RIDDELL, A.B., New Orleans. From the Author.

THE application of the principles of polarization to practical purposes, illustrates the manner, in which facts, that at first sight seem to be valueless, become the interpreters and expounders of other facts. The instrument described by Mr. Riddell, is now acknowledged to be the most reliable means of making a qualitative and quantative analysis of syrups, cane juice, sugar, &c., and is also used for determining the quantity of sugar in diabetic urine.

Mr. Riddell is a young man of much promise, and writes with clearness and elegance. We had the pleasure recently of making his acquaintance in New Orleans, and also of his brother, the distinguished Prof. of Chem. in the med. department of the University of La. It gives us pleasure to add in this connection, that we had the privilege of examining Prof. R.'s binocular microscope, and can testify to the superior value of the arrangement for determining the forms of microscopic bodies. J.

Elements of Health and Principles of Female Hygiene. By E. J. TILT, M.D. Senior Physician to the Farringdon General Dispensary and Lying-in Charity, &c. Philadelphia: Lindsay & Blackiston, 1853.

IN the preface the author says:—"As there exists no work on this subject, the present volume is intended to supply the *desider-*

atum, and we trust, that, notwithstanding deficiencies, it may be found acceptable."

The book is written in a popular style, and treats of the management and diseases of the female from birth to the age of eighty years. That portion of it devoted to infancy and childhood, we think should be read by every mother. Although designed for non-professional readers, it is scientific in its character, and may prove, as it seems to us, an antidote to many of the medical delusions of the day. J.

The Druggist's General Receipt Book. By Henry Beasley, second American from the last London edition, corrected and enlarged. Philadelphia: Lindsay & Blackiston, 1852.

THIS book contains receipts for medicines for horses, for cattle, for sheep or lambs, for swine, for dogs, for poultry, for rabits, patent and proprietary medicines, Druggist's nostrums, perfumery, cosmetics, beverages, dietetic articles and condiments, trade chemicals, &c. We are sorry the publishers have made it mechanically so good a book; for their sake we advise all quack doctors to purchase it. J.

A Clinical Phrase Book in English and German, containing the usual questions and answers employed in examining and prescribing for patients, questions in asking for and buying medicines, &c., with an English-German and German-English Pronouncing Lexicon of all the words occurring in the phrases, with the chief technical terms of Medical Writers and Apothecaries; Grammatical Appendix, Table of idioms, &c., designed to aid physicians and surgeons in hospitals, almshouses, and private practice; also druggists and pharmaceutists in dispensing their prescriptions. By MONTGOMERY JONES, M.D.

THE above is the long title to a small book of 308 pages, 12mo, published by Lindsay & Blackiston, Philadelphia. The object of the work is explained on the title page, and we have no fault to find with the manner in which the author has accomplished his task. It is not *designed* as a substitute for more full and complete works; and yet we fear, that this unpretending volume, in the hands of many, would divert the attention from those works,

where only a *useful* knowledge of the language can be obtained—we say useful, for we are satisfied that a language can be acquired only by long and laborious study, and with a partial knowledge, misunderstandings are liable to occur between the physician and his patient, leading, sometimes, to very serious mistakes in prescribing. If, however, a larger and more complete work be used as a text book, and the phrase book resorted as an aid in cases of emergency, there can be no objection to it. Indeed, it may sometimes be very useful. J.

Lardner's Natural Philosophy, Second course, embracing Heat, Magnetism, Common Electricity, Voltaic Electricity. Philadelphia, Blanchard & Lea, 1853.

THE popular works of Dr. Lardner, are too well known to need recommendation. Astronomy and meteorology will form the third and concluding course. The whole will constitute a compendious encyclopedia of physical and astronomical science. For sale by our booksellers generally. J.

American Medical Association.

FROM the *New York Daily Times* we are able to make up an abstract of the proceedings of this body at their sixth annual meeting.

The American Medical Association held their sixth annual meeting, May 3, in the Presbyterian Church, Bleeker-street, the President, Dr. Beverly Wellford, in the Chair. The morning was occupied by the Committee of Arrangements, in receiving delegates from the several States. At 11½ A.M., the meeting organized, and the President welcomed the Delegates to the City. There were nearly five hundred gentlemen present.

After a congratulatory address by Dr. F. Campbell Stewart, chairman of committee of arrangements, Dr. Pope, of Missouri, extended an invitation to the Association to hold their next unnual meeting, for 1854, at St. Louis.

Dr. Conde, of Pennsylvania, said he was instructed to invite the Association to hold their next annual meeting in Philadelphia.

Dr. Hays, of Pennsylvania, although desiring that the Associa-

tion would meet in Philadelphia, was forced to give his voice for next year in favor of St. Louis. He hoped that at their next meeting, the claims of Philadelphia would be remembered.

The motion to meet at St. Louis was put and carried.

Dr. Conde, of Pennsylvania, Chairman of Committee on Publications, submitted a Report from the Committee, with resolutions appended, making the assessment for the present year $5; authorizing the Committee to decide upon the terms at which the volume of Transactions for this year shall be furnished; and further authorizing them to take such measures in relation to disposal of the copies as they may deem expedient. Dr. Conde stated that a valuable paper would be submitted at this meeting, the mere illustrations of which would cost $1,000 for printing.

The resolutions were adopted.

The Treasurer's Report showed the total receipts for the past year to be $1,905; paid out $2,015; balance due to Treasurer, $100.

On motion of Dr. Conde, the Committee was authorized to furnish the Chairman of Committees on Epidemics with extra copies of their reports, respectively, at the expense of the Association.

The Secretary read communications inviting the Association to visit University Medical College, the Anatomical Museum, and Bloomingdale Lunatic Asylum.

Dr. F. C. Stewart presented a report, recommending the admission of Dr. Marshal Hall, of London, Surgeon Mower, U. S. A., Surgeons Bache, Pinckney, Brownell and Simyson, U. S. N., Drs. Leonard and Betton, Florida, Hon. Dr. Bartlett, N. Y. Senate, Dr. Harris, Canada, Dr. Rodder, Canada West, Drs. McIlvaine and Pittman, American Medical Society, Paris, to participate in the proceedings by invitation.

On motion of Dr. Cox, a Committee was appointed to wait on Dr. Marshal Hall, and conduct him to a seat on the platform.

The President then read a lengthy and very able address, reviewing the origin, progress and benefits achieved by the Association.

Dr. Hays, of Pennsylvania, moved the thanks of the meeting be presented to the President for his elegant, appropriate and eloquent address, and requesting a copy for publication in the Transactions of the Association. Carried.

The Secretary read a resolution passed by the Medical Society of Virginia, recommending the appointment of a well-qualified chemist to analyze the most most prominent nostrums of the day, and publish the results monthly in the leading newspapers of each Sta te. Also, a communication from the President of the American Medical Society at Paris, appointing Drs. Pittman, Walton and McIlvaine to attend this meeting.

On motion of Dr. Atley, the Committee on Publications were

directed to send a full set of Transactions of the Association to the Society in Paris.

A communication was received from Dr. Ramsay, of Georgia, enclosing documents on personal matter, which were laid on the table.

The Committee on nominations reported the following officers for the ensuing year:

For President—Dr. Jonathan Knight of Conn.

Vice-Presidents—Drs. Usher Parsons, of R. I., Lewis Condict, of N. J.; Henry R. Frost, of S. C.; R. L. Howard of Ohio.

Secretaries—Drs. Edward L. Beadle, of N. Y.; and Edwin L. Lemonie, of Missouri.

Treasurer—Dr. Francis Conde, of Penn.

The Committee reported St. Louis, Mo., as the place to hold the next annual meeting.

The report was adopted.

Drs. Gooch, Watson and Atlee were appointed a Committee to conduct the President elect and other officers to their seats.

Dr. Knight, on taking the Chair, returned thanks for the honor conferred on him.

Dr. Atlee, of Pennsylvania moved a vote of thanks to the late President, Dr. Wellford, for his dignified, courteous and efficient manner in the Chair. Carried unanimously, the members rising.

A vote of thanks was also passed to the retiring Secretary, Dr. Gooch.

On motion of Dr. Hopkins, of Maryland, it was resolved that no member speak more than ten minutes on any subject at one time.

Dr. Stewart, on part of Committee of Arrangements, suggested that the Association meet each day at from 9 to 12 A. M., and from 1 to 4 P. M.

On motion of Dr. Gooch, the meeting adjourned to 9 A. M., to-day (Wednesday.)

May 4.—The Association met in Bleecker street Presbyterian Church, at 9. A. M. There was a large attendance of delegates.

Dr. E. L. Beadle, Secretary, read the minutes, which were adopted.

Dr. Cox, of Maryland, moved for a reconsideration of the vote adopting the minutes, to allow of a correction in the Special Report of Committee of Arrangements, inviting Drs. Pickney and Bache, U. S. N., to take part in the proceedings. These gentlemen had a right to sit as delegates from the Army and Navy.

Dr. Steward, explained, and read from the 2d. article of the Constitution relating to delegates.

Dr. Watson, of New York, stated they had been always received as delegates.

The motion to reconsider was put and lost.

Dr. Cox, hoped the Association would not take any action that would give offence to the Army and Navy Medical Institutions.—He moved that Drs. Pickney and Bache be received as regular delegates.

Dr. Pickney, U. S. N., asked to be heard and claimed his right to a place as delegate, having been formerly received as such and signed the Constitution.

Dr. F. C. Stewart, offered the following as an amendment to Dr. Cox's motion.

Resolved, As the sense of this Association, under the present Constitution delegates can be received from the U. S. Army and Navy Medical Bureaux when appointed by the Chief of the Army and Navy Medical Bureaux.

The amendment was adopted.

Dr. C. D. Meigs, of Philadelphia, presented a report on "Acute and Chronic Diseases of the Neck of the Uterus," with a request that it should be referred to Committee on publication without reading.

Dr. Condie of Pennsylvania, Chairman of Committee on Causes of Tubercular Diseases, stated that in consequence of his duties as Treasurer, and Chairman of Committee on Publication, he had never been able to complete his report. On motion of Dr. Atlee, the Committee was continued.

On the part of Dr. Porcher, of South Carolina, Dr. Condie stated that he had sent to him the report of Committee on "Toxicological and Medical Properties of our Cryptogamic Plants," but with the request that it be left for further additions by the Committee. The Committee was continued.

Dr. G. Emerson, of Pennsylvania, Chairman of Committee on "Agency of the refrigeration produced through radiation of heat, as an exciting cause of Disease," presented his report, which was referred to Committee on Publication, and an abstract read. The sanitary lesson designed to be inculcated in this paper is the importance of guarding against exposure to the refringerating effects of nocturnal radiation, especially in sickly places and during epidemic periods. The means of effecting this are shown to be extremely simple and always at hand, as any thing will answer the purpose which may be interposed to cut off the view of the open sky, and thus prevent "upward radiation."

Dr. H. F. Campbell, of Georgia, presented a report on Typhoid Fever, which was referred to Committee on Publication.

Dr. Sutton, of Kentucky, presented a report on epidemics of Tennessee and Kentucky, which was referred to Committee on Publication.

Dr. Pitchar, of Michigan, presented a report on the subject of Medical Education, which he was requested to read at length. The report was a long and able document, containing many valu-

able suggestions to prevent the spread of quackery, and on the best means of training the medical student. The committee proposed that all candidates for degrees shall have studied at least three years, and recommended the extension of the lecture seasons to six months. The committee repeated their high opinion of the benefits to be derived by students from bed-side experience, as superior to lectures and flitting hospital visits, and suggested a supplementary school of practice. They would not discourage medical schools through the country, but foster them as useful, and trust to the private instructor and the hospitals as schools of practice. The committee asked leave to conclude their report by presenting the following resolutions:

Resolved, That the Association re-affirm its formerly expressed opinions, on the value and importance of general education to the student and practitioner of medicine, and that it would gladly enlarge its rule on this subject, so as to include the humanities of the schools, and the natural sciences.

Resolved, That in the opinion of this Association, a familiar knowledge with the elements of medical science should precede clinical instruction.

Resolved, That in order to accomplish the latter, the hospitals, when elevated to the rank of schools of practice, and the intelligent private preceptor, are the most efficient instrumentalities to be used for that purpose.

On motion of Dr. Atlee, the report and resolutions were adopted.

Dr. J. M. Smith, of New York, chairman of Committee on Volunteer Communications, reported the receipt of two prize essays; the first, entitled, "The Cell—its Physiology, Pathology, and Philosophy," by Waldo J. Burnett, M. D., Boston, Mass.; the second, on the "Surgical Treatment of certain Fibrous Tumors of the Uterus, heretofore considered beyond the Resources of Art," by Washington L. Atlee, M. D., Philadelphia; and other papers.

Dr. Aldan March, of New York, made a verbal abstract of his paper on "Diseases of the Hip Joint," which was favorably reported on by the committee; and, on motion of Dr. A. Smith, he was requested to read the paper, during recess to-day, in Crosby-street Medical College.

Prof. Palmer, Chicago, moved the following:

Resolved, That this Association earnestly recommend to the local societies in different portions of our country, to appoint committees, whose duties it shall be to record the prevalence of epidemics or other diseases, and the general state of health in their respective localities, and to transmit said reports to the Committees of the Society on Epidemics, through the State Societies where they exist.

Resolved, That the Secretaries be requested to secure a wide

publicity to the above resolutions, by such means as they may deem proper.

The resolutions were adopted.

Dr. Stewart read the following resolutions, offered by Dr. Stephen W. Williams. of, Mass., a permanent member:

Resolved, That the thanks of this Association be presented to Dr. Winslow Lewis, of Boston, a member of the Massachusetts Legislature, for the bill which he has presented and endeavored to sustain, providing that "no druggist, apothecary, or person engaged in manufacturing medicines, or compounds to be administered as medicines, (except such as are published in standard works of chemistry, materia medica, or pharmacopœia,) shall offer the same for sale in any way, till he has filed a complete recipe in English, sworn to before a legal authority constituted for such purpose."

2. *Voted*, That a committee be appointed by this Association for the purpose of petitioning Congress and State Legislatures to enact regulations and laws similar to the above.

Also, as we are constantly called upon to deplore the ravages of death among the illustrious and worthy members of our profession throughout the United States.

Resolved, That a Standing Committee be appointed by this Association, to procure memorials of the eminent and worthy dead among the distinguished physicians of our country, both in and without the pale of the Association, and present them to this Association for publication in their transactions.

The first resolution, relating to Dr. Lewis, was adopted.

To the second. Dr. Cox, Mo., moved an amendment, confining the memoirs to distinguished members of the Association.

Dr. Morgan, Washington, thought the Association would not be able to meet the increased expense such an addition to their transactions would cause. He moved to lay on the table. Carried.

Dr. Buck, N. Y., read a paper on morbid growths within the larynx, and exhibited a specimen, with report of the case. Referred to Committee on Publications.

Dr. Mitchell, Pa., offered the following:

Whereas, The claim of Naval Medical officers to a defined rank, assimilated with the grades of officers of the line of the navy, has not yet been decided by Congress, therefore,

Resolved, That the President of this meeting appoint a Committee of three, which is hereby instructed to communicate to Congress, through the presiding officer of each house, at the commencement of its next session, an expression of the interest felt by the American Medical Association of the United States, for their professional brethren employed in the navy, as set forth in resolutions unanimously adopted at several previous sessions of this body.

Dr. Jackson, of Philadelphia, seconded the resolution.

The President stated that the bill had passed one branch of our National Legislature.

Dr. Pinckney, U. S. N., made a statement of the action had in the National Legislature.

The resolution was put and adopted.

Dr. Stevens, of New York, moved that the President be Chairman of the Committee.

Dr. Hooker, of Connecticut, offered the following, which was adopted.

Resolved, That the delegates from the several States, be requested to appoint a Committee, who shall aid the Committee of Publication in procuring subscriptions and in distributing the annual transactions of the Association.

Dr. Bolton, of Virginia, moved a resloution expressing the warm commendation of the Association towards the medical department of Michigan University, for its co-operation in elevating the standard of the profession.

A discussion ensued in which Drs. Palmer and Bolton contended for the resolution, and Dr. Hooker Conecticut, and others, against it. Finally, the resolution was withdrawn.

A report was received from Dr. Simons. of South Carolina, recommending a memorial to Congress to appoint a surgeon on each emigrant vessel. The Committee report that a memorial was placed in charge of Dr. Jones, M. C., (and member of the Association,) of Onondaga Co., N. Y., to be presented to the House of Representatives. The report states that the memorial was quietly deposited in the archives of the Committee on Commerce, and received no notice from them whatever. The Committee was too busy to attend to such small matters as the lives of emigrants, while the weightier matters of President-making rested on their shoulders. Now that these important subjects are disposed of and the spoils mostly shared, there was hope that the memorialists might be treated with rather more consideration, and at their request the Committee was continued.

On motion of Dr. Atlee, the report was adopted, and the Committee continued·

Dr. Simmons also reported on a resolution by Dr. Sutton, requesting Congress to separate the medical census, for the convenience of the profession. Their petition was not granted, the gravest objection being the alledged inaccuracy of the medical statistics of the Census. The Committee urged renewed effort on the part of the Association to induce each of the State Legislatures to establish a Registration of Births, Deaths and Marriages, pointing for an illustration alike of what has been and what ought to be done to the Reports from Massachusetts.

The report was adopted, and the Commttee continued.

May 5th.—The Association met at 9 A. M., Dr. Jonathan Knight, President, in the Chair.

After the reading of the minutes, Dr. Hooker, Connecticut, offered the following, which was adopted:

Resolved, That a Committee of Five be appointed, whose duty it shall be, in compliance with the suggestions of our late President, Dr. Wellford, to report our plans of organization for State and County Societies, and that the Committee be requested to report, if possible, during the present meeting of the Association.

Dr. Zeigler, Pennsylvania, offered the following, which was referred to Committee on organizing State and County Societies.

Inasmuch as the universal aggregation and organization of the members of the medical profession in the United States has long been a desideratum, but partially attainable until the adoption of the present mode of organizing local and general societies in imitation of, and in conformity with, the confederacy of this country; and whereas, notwithstanding this consolidation has thus been more completely and perfectly effected, a very large portion of the profession still remain isolated and unassociated, thus retarding and preventing the more rapid attainment of those exalted objects involved in this universal professional union in one great brotherhood; and inasmuch as the present general mode of perfecting further and final professional aggregation and consolidation is comparatively imperfect, inefficient, and protracting, and hence will require an almost indefinite period for its full accomplishment, and final consummation and completion; and inasmuch as some more general and systematic effort for the speedy and positive realization of this highly important object is yet greatly desirable; therefore,

Resolved, That the American Medical Association hereby reiterate the repeatedly previously expressed desire for the immediate formation and organization of County and State Medical Societies in every part of the country in which they have not yet been established.

Resolved, That every County Medical Society be and is hereby recommended to dispense with the present system of acquiring members by the previous pro-formal manifestation of personal desire on the part of applicants for such association, and to substitute therefor that of the immediate and voluntary election to membership therein, of every unassociated eligible physician.

Resolved, That all physicians thus voluntarily elected, and subsequently neglecting or declining to respond to and unite themselves with the general profession, shall be considered as estimating their own personal views, and private relations and interests, above and in opposition to those of the profession generally, and, as thus antagonistic to its exalted objects, cannot therefore consistently expect the continued enjoyment of the usual rights and privileges of professional intercourse and fellowship.

The Secretary read a notice, requesting delegates from any

States which were not represented on the Committee of Nomination, to elect representatives, to sit with the Committee at 56 Bleecker-street.

Dr. N. S. Davis, of Illinois, reported at length, and lucidly, on the Medical Literature of 1853. There are now published in the United States twenty-eight medical periodicals, of which four are issued quarterly, six bi-monthly, fifteen monthly, two semi-monthly, and one weekly. One of the monthlies is published in the German, at New York, and one in French, at New Orleans. Of the aggregate number of pages published, about one-half were original matter. This aggregate consists of the record of cases occurring under the observation of their writers, of which a very large proportion lose their value for lack of that fullness of detail and scope which are essential to make them reliable data for the abstraction of practical deductions—articles embodying the statistical results of certain diseases and surgical operations, and essays on special subjects, and the details of experimental inquiries—of all which classes, some of the more important specimens were named in the report.

Many other interesting subjects were embraced in the report, for which we have no space in the present number.

Dr. Yandell, of Kentucky, offered the following, which was adopted:

Whereas, By the dispensation of an inscrutable Providence, Dr. Daniel Drake has been removed since the last meeting of this Association, from the scene of his earthly labor.

Resolved, That, in the death of Dr. Drake, the American Medical Association has lost one of its most honored members, and the American Medical profession one of its brightest ornaments.

Resolved, That his steady devotion to his profession through a long life, his zeal, activity, and unceasing efforts to advance its interests, afford an example worthy of the imitation of every young physician.

Resolved, That this Association will cherish the memory of Dr. Drake for his many virtues, and for his labors which have adorned and elevated our profession.

The resolutions were adopted by a rising vote.

Dr. Condie, of Pennsylvania, and Dr. Cox, of Maryland, offered the following resolutions, which were adopted by a rising vote:

Resolved, That we have heard with sincere regret of the death of our late fellow member, Dr. Isaac Parrish, of Philadelphia, who was distinguished by his early and earnest advocacy of the establishment of this Association, by his ardent interest in its proceedings, and by his valuable contributions to its published proceedings.

Resolved, That in the demise of Dr. William E. Homer, which has occurred since the last annual session of this body, the American Medical Association has lost one of its illustrious and useful

members; and the science of medicine, an indefatigable student and most distinguished teacher.

Resolved, That the memory of the gifted subjects of the resolutions, dear as it must ever be to the lovers of medical science universally, will be especially cherished by this Association, to whose great objects and aims, their last efforts were, during life, promptly and liberally bestowed.

Dr. Condie, of Pennsylvania, replied to inquiries received, in reference to back numbers of the transactions.

Dr. Yandell, of Kentucky, presented a report received from Dr. S. D. Gross, Kentucky, on the results of surgical operations, for the relief of malignant diseases, which was referred to a Comm ttee on publication.

Several resolutions of interest were discussed. The proposed amendments to the constitution, with the exception of the clause relating to delegates from the army and navy, were indefinitely postponed.

The Committees will be given in our next. J.

Cook County Medical Society Proceedings for April.

[CONTINUED.]

THE subject under discussion being the use of opium in labor, in cases both of convulsions and hemorrhage.

Dr. Clark stated that in cases where the convulsions are hysterical, opium is, so far as he can judge from experience in its use, beneficial.

A case came under his notice, not long since, in which convulsions, with hysterical symptoms, came on during labor, in a patient much debilitated from the bleeding of hemorrhoidal tumors. In this case a full dose of opium procured sleep, and the entire suspension of the convulsions.

Dr. Davis stated that since the last meeting, he had met with a case, in which profuse hemorrhage followed abortion, in a woman at the end of the third month of gestation.

On being called, he found the hemorrhage had already continued to such an extent as to produce coldness of the extremities, and an almost entire absence of pulse at the wrist.

Compression of the æorta arrested the hemorrhage until sufficient time had elapsed to get the effect of a full dose of ergot, which was also administered.

In this case it was found, by experiment, that the hemorrhage did not return when the pressure was removed, even before the effect of the ergot had been obtained.

Dr. Blaney remarked that he had learned from experience that in some cases compression of the aorta is impracticable, in consequence of distension of the abdomen from flatus.

He also gave the history of a case, in which the body of a three months' child had been separated from the head, at the neck, by the midwife in attendance.

On being called, he found the os uteri closed, and the uterus contracted upon the head, which was still within its cavity, with profuse hemorrhage. Matico, by the mouth and in the form of injection, arrested the hemorrhage almost immediately.

In this case, the contracted condition of the os uteri contra-indicated the use of ergot. Gave opium in sufficient quantities to arrest pain and procure sleep.

Three days after, pains returned, and the os uteri became dilated to a sufficient extent to allow of the removal of the head in small pieces, by means of a small pair of forceps. Two weeks after the removal of the head, an apparently fresh placenta was expelled by a return of uterine contractions.

Can call to mind three other cases, in which the placenta was expelled three weeks after abortion.

At the meeting, in May, Dr. Miller gave an account of an interesting case of leucoma, which had recently come under his observation. It was treated mainly by dividing the vessels going to the cornea, first on one side and then on the other. In each case there followed a slight ulceration of the substance of the cornea, after the division of the vessels, which was treated with nit. silver. The sight was perfectly restored.

Dr. Johnson called the attention of the society to the improvement in microscopes by Prof. Ridden, of La. He had recently an opportunity of seeing Prof. R.'s arrangement for binocular vision, and was satisfied that it possessed advantages over the forms heretofore in use.

Dr. Smith related to the society a case of gonorrhea, in which the manner of contracting the disease was a question involving the respectability of a respectable (?) man. H.